160th
Annual Report
of the Trustees

*

MASSACHUSETTS GENERAL HOSPITAL
1973

OFFICERS AND STAFF
1974

*

THE GENERAL HOSPITAL
Boston, Massachusetts
02114

McLEAN HOSPITAL
Belmont, Massachusetts
02178

THE MASSACHUSETTS GENERAL HOSPITAL

1. Sleeper Hall
2. Bartlett Hall Nurses Residence (1954)
3. Shriners Burns Institute, staffed by MGH doctors
4. Edwards Memorial Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building and Jackson Tower (1969)
7. Cox Center
8. Baker Memorial (1930)
9. Warren Building (1956)
10. Phillips House (1917)
11. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
12. Clinics Building (1903)
13. Walcott House (1913)
14. Moseley Building (1916)
15. George Robert White Building (1939)
16. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

One Hundred and Sixtieth Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

INCLUDING THE GENERAL HOSPITAL IN BOSTON

and

McLEAN HOSPITAL IN BELMONT

1973
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1974

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BOSTON, MASSACHUSETTS

General Information

The **Massachusetts General Hospital** is a private incorporated institution consisting of four major divisions: **The General Hospital** for those without private physicians; **The Baker Memorial** with private and semi-private accommodations; **The Burnham Memorial for Children;** and the **Phillips House,** the private pavilion. These divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization for short duration.

Entrances to the General Hospital, the Baker Memorial, and Burnham: Fruit Street, at the end of North Grove Street. Entrances to the Gray Building are on Blossom Street. The Phillips House and Warren Building entrances are on Charles Street.

Admissions: Arrangements for admission of patients to the General Hospital, the Baker Memorial, and Burnham should be made at the Admitting Office on the first floor of the Gray Building (726-3388). Information about admission to the Phillips House may be obtained at the Phillips House Admitting Office (726-3204).

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

McLean Hospital is a Psychiatric Division of the MGH, and the **Vincent Memorial Hospital** is the MGH's Gynecological Service.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of the Hospital, is open 24 hours a day.

The *Clinics* of the MGH are available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of the Massachusetts General Hospital serving passengers, employees, and visitors at the airport.

Bunker Hill Health Center, located on High Street in Charlestown, is a division of the MGH devoted to the medical care of Charlestown residents.

Chelsea Health Center is a division of the MGH at 111 Bellingham Street in Chelsea providing comprehensive health care to the residents of Chelsea and neighboring communities.

The MGH is also affiliated with the Massachusetts Eye and Ear Infirmary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

Massachusetts General Hospital is

— A member of the American Hospital Association
— Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
— Approved by the American Medical Association for Residencies and Internships

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Anesthesia:	Richard J. Kitz, M.D. John Ryan, M.D. David Todres, M.D. Myra Jasinska, M.D. Nicholas Goudsouzian, M.D. Stanislaw Szyfelbein, M.D.
Cardiac Surgery	W. Gerald Austen, M.D. Mortimer J. Buckley, M.D. W. Hardy Hendren, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
General Pediatric Surgery:	W. Hardy Hendren, M.D. William C. Quinby, M.D. Samuel H. Kim, M.D. Patricia K. Donohoe
Gynecologic Medicine:	Janet McArthur, M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D. John Grover, M.D. Ann B. Barnes, M.D.
Infectious Disease:	Morton N. Swartz, M.D.
Neurology:	Raymond Adams, M.D. Hugo Moser, M.D. Robert DeLong, M.D. Peter B-B Rosenberger, M.D. Elizabeth Dooling, M.D. Andrea Nash, M.D.
Neurosurgery:	William H. Sweet, M.D. Paul Chapman, M.D.

Organ Transplantation:	Paul S. Russell, M.D. Ronald Malt, M.D.
Orthopaedic Surgery:	Michael Ehrlich, M.D. Richard Smith, M.D. Edwin T. Wyman, Jr., M.D.
Plastic Surgery:	John Remensnyder, M.D. Bradford Cannon, M.D. John Constable, M.D.
Psychiatry:	Norman Bernstein, M.D. John Lamont, M.D.
Psychology:	Keith Connors, Ph.D.
Radiation Therapy:	Rita M. Linggood, M.D.
Radiology:	Susan Kramer, M.D. Alfred L. Weber, M.D.
Urologic Surgery:	George R. Prout, Jr., M.D. Wyland F. Leadbetter, M.D. W. Hardy Hendren, M.D. Samuel H. Kim, M.D.

Consultants in Pediatrics
William Berenberg, M.D.
Alexander S. Nadas, M.D.

Consultant in Psychology
Jerome Kagan, Ph.D.

Consultant in Chemical Engineering
Edward W. Merrill, D.Sc.

SURGICAL DIVISION

GENERAL SURGERY

Chief of Surgical Services
W. Gerald Austen, M.D.

Senior Consulting Staff

Marshall K. Bartlett, M.D.
Oliver Cope, M.D.
Robert R. Linton, M.D.
Claude E. Welch, M.D.

Visiting Surgeons

John F. Burke, M.D.
Bradford Cannon, M.D.
Gordon A. Donaldson, M.D.
Thomas H. Green, Jr., M.D.
Hermes C. Grillo, M.D.
W. Hardy Hendren, M.D.
Francis M. Ingersoll, M.D.
Ronald A. Malt, M.D.
George L. Nardi, M.D.
John W. Raker, M.D.
Grant V. Rodkey, M.D.
Paul S. Russell, M.D.
J. Gordon Scannell, M.D.
Frank C. Wheelock, M.D.
Earle W. Wilkins, Jr., M.D.

Associate Visiting Surgeons

Glenn E. Behringer, M.D.
Mortimer J. Buckley, M.D.
John D. Constable, M.D.
Willard M. Daggett, M.D.
R. Clement Darling, M.D.
John W. Grover, M.D.
John M. Head, M.D.
Arthur L. Herbst, M.D.
Charles E. Huggins, M.D.
Ashby C. Moncure, M.D.
Eldred D. Mundth, M.D.
Leslie W. Ottinger, M.D.
William C. Quinby, Jr., M.D.
John P. Remensnyder, M.D.
George S. Richardson, M.D.
William P. Rogers, Jr., M.D.
Chiu-an Wang, M.D.

Assistant Surgeons

Ann B. Barnes, M.D.
Edwin L. Carter, M.D.
Thomas S. Durant, M.D.
Josef E. Fischer, M.D.
Stephen E. Hedberg, M.D.
Samuel H. Kim, M.D.
LeRoy S. Wirthlin, M.D.

Assistants in Surgery

William M. Abbott, M.D.
David S. Chapin, M.D.
A. Benedict Cosimi, M.D.
Michael B. Lewis, M.D.
Michael N. Margolies, M.D.
M. Terry McEnany, M.D.
Andrew L. Warshaw, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Joseph R. Barrie, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
Patricia K. Donahoe, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
Frank W. Garran, Jr., M.D.
Dexter W. Lawson, M.D.
William K. McClelland, M.D.
John B. McKittrick, M.D.
Carroll C. Miller, M.D.
Charles G. Mixter, Jr., M.D.
Charles G. Mixter III, M.D.
Anthony S. Patton, M.D.
Spiros P. Sarris, M.D.

James M. Shannon, M.D.
Richard H. Thompson, M.D.
Ronald M. Weintraub, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

Martin J. Bellinger, M.D.
Samuel M. Berger, M.B., Ch.B.
Francis H. Boudreau, M.D.
Charles T. Claydon, M.D.
James M. Doonan, M.D.
John V. Pikula, M.D.
James E. Zuckerman, M.D.

Associate Biologist

Daniel F. Malamud, Ph.D.

Immunologist

Henry J. Winn, Ph.D.

Assistant Immunologist

Ian F. C. McKenzie, Ph.D.

Assistants in Immunology

Thomas C. Fuller, Ph.D.
Janet M. Plate, Ph.D.

Associate Biochemists

Ajit Kumar, Ph.D.
David A. Swann, Ph.D.

Assistant Biophysicist

Jeffrey K. Raines, Ph.D.

Consultant in Plastic Surgery

Joseph E. Murray, M.D.

GYNECOLOGY

Chief of Service

Howard Ulfelder, M.D.

Staff Shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service

William H. Sweet, M.D., D.Sc.

Senior Consulting Staff

Hannibal Hamlin, M.D.
Jost J. Michelsen, M.D.
James C. White, M.D.

Visiting Neurosurgeons

H. Thomas Ballantine, Jr., M.D.
Raymond N. Kjellberg, M.D.

Associate Visiting Neurosurgeon

Robert G. Ojemann, M.D.

Assistant Visiting Neurosurgeon
James G. Wepsic, M.D.

Assistants in Neurosurgery
Edward P. Baker, Jr., M.D.
Paul H. Chapman, M.D.
Robert M. Crowell, M.D.
Paul L. Kornblith, M.D.
Edward C. Tarlov, M.D.

Clinical Associates in Neurosurgery
Herbert L. Cares, M.D.
Edwin G. Fischer, M.D.
Vernon H. Mark, M.D.
Henry H. Schmidek, M.D.
Nicholas T. Zervas, M.D.

Neurophysiologist in Neurosurgery
Adelbert Ames III, M.D.

Associate Neurophysiologist in Neurosurgery
Daniel A. Pollen, M.D.

Assistant Neurophysiologist in Neurosurgery
Richard H. Masland, Ph.D.

Assistants in Chemistry in Neurosurgery
Eugene I. Tolpin, Ph.D.
Glyn R. Wellum, Ph.D.

Assistant Immunochemist in Neurosurgery
F. Curtis Dohan, Jr., M.D.

Assistant in Neuropathology
Jonathan Shay, M.D.

Assistant in Anatomy in Neurosurgery
James M. Price, Ph.D.

Consultant in Mathematics
Joseph H. Taylor, Ph.D.

Consultant in Chemistry
Albert H. Soloway, Ph.D.

ORTHOPAEDIC SURGERY

Chief of Service
Henry J. Mankin, M.D.

Visiting Orthopaedic Surgeons
Otto E. Aufranc, M.D.
Thornton Brown, M.D.
William H. Harris, M.D.
Eugene E. Record, M.D.
Carter R. Rowe, M.D.

Associate Orthopaedic Surgeons
Thomas L. DeLorme, M.D.
William N. Jones, M.D.
Robert D. Leffert, M.D.
Donald S. Pierce, M.D.
John A. Reidy, M.D.
Richard J. Smith, M.D.

Assistant Orthopaedic Surgeons

Joseph S. Barr, Jr., M.D.
Robert J. Boyd, M.D.
Hugh P. Chandler, M.D.
Michael G. Ehrlich, M.D.
James I. Huddleston, M.D.
William L. Kermond, M.D.
William R. MacAusland, Jr., M.D.
Charles Weiss, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopaedic Surgery

Robert B. Brendze, M.D.
Robert C. George, M.D.
Dineshkumar G. Patel, M.B., B.S.
Bruce A. Waxman, M.D.

Clinical Associates in Orthopaedic Surgery

Thomas F. Broderick, Jr., M.D.
Subramanyan Jayasankar, M.B., B.S.
Philip I. Salib, M.D.
David P. Simmons, M.D.
Ralph C. Sweetland, M.D.

Assistant in Biochemistry

Louis Lippiello, Ph.D.

Chief of the Department of Podiatry

John D. McLean, D.S.C.

Assistant Podiatrists

Edward R. Bloom, D.S.C.
Thomas F. Connolly, D.S.C.
Donald D. Donovan, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistant to the Orthopaedic Outpatient Department

James S. Hewson, M.D.

Consultants in Engineering Science

Robert W. Mann, Sc.D.
Igor L. Paul, Sc.D.

UROLOGY

Chief of Service

George R. Prout, Jr., M.D.

Senior Consulting Staff

Wyland F. Leadbetter, M.D.
Saul M. Marcus, M.D.

Consulting Visiting Urologist

Sylvester B. Kelley, M.D.

Visiting Urologists

Walter S. Kerr, Jr., M.D.
*Howard I. Suby, M.D.

Assistant Urologists

Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistants in Urology

Hugh C. Bredin, M.B., B.Ch.
Stephen P. Dretler, M.D.
William L. Strickler, M.D.
Hugh H. Young II, M.D.

Clinical Associate in Urology

Hark C. Chang, M.D.

*On Leave of Absence

Assistant Immunologist
Eugene P. Ornellas, Ph.D.

DEPARTMENT OF ORAL SURGERY

Chief of Service
Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons
Richard L. Miner, D.D.S.
Mortin J. Olin, D.M.D.
Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons
Barry J. Agranat, D.M.D.
Henry D. Howe, D.M.D.
Peter G. Kimball, D.M.D.
Robert C. Lincoln, D.M.D.
Leonard B. Shulman, D.M.D.
William H. Tingey, Jr., D.M.D.

Assistant Oral Surgeons
R. Bruce Donoff, D.M.D.
Robert E. Evans, D.M.D.
Zygmunt W. Pozatek, D.M.D.

Assistants in Oral Surgery
Myron Allukian, Jr., D.D.S.
Jerold M. Frankel, D.M.D.
Edward B. Seldin, D.M.D.

Clinical Associates in Oral Surgery
Daniel J. Holland, Jr., D.M.D.
Donald B. Rae, D.D.S.
Edward L. Sleeper, D.D.S

Clinical Assistants in Oral Surgery
Robert A. Frank, D.M.D.
Stephen E. St. Onge, D.M.D.
Richard J. Spence, D.M.D.

Consultant in Oral Pathology
Gerald Shklar, D.D.S.

DEPARTMENTS

PATHOLOGY

Chief of Department
Benjamin Castleman, M.D.

Pathologists
Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists
Leonard Atkins, M.D.
James B. Caulfield, M.D.
Harold F. Dvorak, M.D.
Max L. Goodman, M.D.
Kilmer S. McCully, M.D.
Sanford I. Roth, M.D.
Priscilla Dienes Taft, M.D.

Assistant Pathologists
James J. Daly, M.D.
James J. Galdabini, M.D.
Martin C. Mihm, Jr., M.D.
Gerald Nash, M.D.
Stanley J. Robboy, M.D.
Robert L. Trelstad, M.D.

Assistant in Pathology
Alan L. Schiller, M.D.

Clinical Associates in Pathology
Robert Fienberg, M.D.
Joel Umlas, M.D.

Clinical Assistants in Pathology
Sheldon Cooperman, M.D.
James M. Gibson, M.D.
Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.

Neuropathologists
Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists
Karl Eric Astrom, M.D.
C. Miller Fisher, M.D.

Assistant Biologist
Paul F. A. Maderson, Ph.D.

Consultant in Pathology
Walter G. J. Putschar, M.D.

ANESTHESIA

Chief of Department
Richard J. Kitz, M.D.

Anesthetists
George E. Battit, M.D.
Aaron J. Gissen, M.D.
Phillips Hallowell, M.D.
Myron B. Laver, M.D.
Edward Lowenstein, M.D.
Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists

John M. R. Bruner, M.D.
Brian C. Dalton, L.R.C.P.I.
John W. D. Garrett, M.D.
Susanne J. Learmonth, M.D.
Bucknam McPeek, M.D.
Elliott V. Miller, M.D.
Roger H. Morris, M.D.
John D. Murphy, M.D.
John F. Ryan, M.D.
Stanislaw Szyfelbein, M.D.
Sarita G. Walzer, M.D.

Assistant Anesthetists

Julien F. Biebuyck, M.B., Ch.B.
John H. L. Bland, M.B., B.Chir.
Han Twu Chiang, M.D.
David J. Cullen, M.D.
Nishan G. Goudsouzian, M.B., B.Ch.
Kenneth M. Janis, M.D.
Alix Mathieu, M.D.
Daniel M. Philbin, M.D.
John J. Savarese, M.D.
Pennathur Sundaram, M.B.B.S.
I. David Todres, M.B., Ch.B.
Roger S. Wilson, M.D.

Assistants in Anesthesia

Burton A. Briggs, M.D.
Lambertus J. Drop, M.D.
Nabil R. Fahmy, M.B., B.Ch.
Miroslawa T. Jasinska, M.D.
Anil Kumar, M.B.B.S.
William B. Latta, M.D.
Annetta L. Murphy, M.D.
Daniel L. Nozik, D.D.S.
Michael A. Rie, M.D.
Rafik Rizk Attia, M.B., B.Ch.
James T. Roberts, M.D.
Mary K. Salto, M.D.
Warren M. Zapol, M.D.

Clinical Associate

Bennie Geffin, M.B., Ch.B.

Psychologist

Gene M. Smith, Ph.D.

Biomedical Engineer

Jozef K. Cywinski, Ph.D.

Assistant Biomedical Engineers

Jeffrey B. Cooper, Ph.D.
Ronald S. Newbower, Ph.D.

Assistant in Pharmacology

Keith W. Miller, D.Phil.

Assistant in Biochemistry

Janet C. Miller, D.Phil.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist

Herman M. Kalckar, M.D., Ph.D.

Associate Biochemist

Winfried Boos, Ph.D.

Assistant Biochemist

Alap R. Subramanian, Ph.D.

BACTERIOLOGY

Bacteriologist
Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists
Theodore F. Medrek, Ph.D. Barbara K. Watson, Ph.D.

Consultant in Bacteriology
Robert C. Moellering, Jr., M.D.

CLINICAL CHEMISTRY LABORATORIES

Chief
Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director
William S. Beck, M.D.

DEPARTMENT OF RADIATION MEDICINE

Chief of Department
Herman D. Suit, M.D.

Radiation Therapists
Milford D. Schulz, M.D. Chiu-chen Wang, M.D.

Assistant Radiation Therapists
Chan H. Choi, M.D. Ann Maria Chu, M.D.
William U. Shipley, M.D.

Assistants in Radiation Medicine
Jack B. Sewell, M.D. Bruce J. Walz, M.D.

Assistant Physicists
Arthur L. Boyer, Ph.D. Michael Goitein, Ph.D.

Assistant in Physics
Miriam M. Gitterman, M.S.

Assistant in Biology
Robert S. Sedlacek, M.S.

Consultants in Radiation Medicine
Edward R. Epp, Ph.D. Edward B. Seldin, D.M.D.

RADIOLOGY

Chief of Department
Juan Taveras, M.D.

Visiting Radiologist
Stanley M. Wyman, M.D.

Radiologists
Stanley Baum, M.D.
Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
Paul F.J. New, M.D.
Henry P. Pendergrass, M.D.
Majic S. Potsaid, M.D.
Laurence L. Robbins, M.D.
Alfred L. Weber, M.D.

Associate Radiologists
Joseph T. Ferrucci, Jr., M.D.
Marjorie J. LeMay, M.D.
K. Jack Momose, M.D.
Richard C. Pfister, M.D.
Frederick S. Tomchik, M.D.

Assistant Radiologists
Christos A. Athanasoulis, M.D.
Reginald E. Greene, M.D.
Gerald M. Kolodny, M.D.
Kenneth A. McKusick, M.D.
Glenn H. Roberson, M.D.

Assistants in Radiology
Jason C. Birnholz, M.D.
Arthur D. Burke, M.D.
Salvatore A. DeLuca, M.D.
Richard B. Greene, M.D.
Conrade C. Jaffe, M.D.
Farooq Jaffer, M.B.B.S.
Lester Kalisher, M.D.
Sandra S. Kramer, M.D.
Charles S. Langston, M.D.
Burt D. Pina, M.D.
Jack B. Sewell, M.D.
James C. Smith, M.D.
Arthur C. Waltman, M.D.
Isabel C. Yoder, M.D.

Clinical Associates in Radiology
Roger A. Bauman, M.D.
Joseph Hanelin, M.D.
Murray L. Janower, M.D.
Richard E. Land, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.
James J. Pollard, M.D.

Clinical Assistants in Radiology
Karl T. Benedict, M.D.
W. Robert Courey, M.D.
Gail R. Eliot, M.D.
D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
Robert A. Novelline, M.D.
John D. Osmond, M.D.
William J. Otto, Jr., M.D.
James A. Peterson, M.D.
John T. Pollard, Jr., M.D.
Jeffrey P. Rudnick, M.D.
Thomas E. Shea, M.D.
Milton A. Weiner, M.D.
Robert C. Williams, M.D.

Physicists
Gordon L. Brownell, Ph.D.
Edward W. Webster, Ph.D.

Associate Physicists
Saul Aronow, Ph.D.
Charles A. Burnham, M.S.
Bernard Hoop, Jr., Ph.D.

Assistant Physicists
Nathaniel M. Alpert, Ph. D.
Frank P. Castronovo, Jr., Ph.D.

Engineer
Malcolm Mackay

Assistant Chemist
Donald J. Hnatowich, Ph.D.

Consultants in Radiology
John B. Little, M.D.
Edward B. D. Neuhauser, M.D.
Richard Schatzki, M.D.
Lucy F. Squire, M.D.

DEPARTMENT OF REHABILITATION MEDICINE

Chief
Robert D. Leffert, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director
Charles E. Huggins, M.D.

Clinical Consultants
John P. Remensnyder, M.D.
John T. Truman, M.D.

HOUSE STAFF

Residents and Interns
as of January 1, 1974

MEDICINE

Chief Resident
George E. Thibault, M.D.

Third Year Residents

William F. Crowley, Jr., M.D.
Mark S. Drapkin, M.D.
Donald A. Goldmann, M.D.
John A. Hardin, M.D.
Yuk-Kai Lau, M.D.
Joel B. Levine, M.D.
Michael A. Lew, M.D.
Susan N. Rosenthal, M.D.
Laura F. Wexler, M.D.

Second Year Residents

Jeffrey L. Anderson, M.D.
George E. Crawford, M.D.
Gregory D. Curfman, M.D.
Don A. Gabriel, M.D.
Peter L. Gross, M.D.
William J. Koopman III, M.D.
John G. Krikorian, M.D.
Bruce R. Leslie, M.D.
Robert O. Morton, M.D.
Carl F. Nathan, M.D.
Joseph E. Parrillo, Jr., M.D.
John E. Ricks, M.D.
Robert A. Rosen, M.D.
Mark L. Rosenberg, M.D.
Gary K. Schoolnik, M.D.
David M. Slovik, M.D.
Robert W. Steiner, Jr., M.D.
John H. TenPas, M.D.

First Year Residents (Interns)

Janet L. Abrahm, M.D.
William J. Alton, M.D.
Robert F. Asbury, M.D.
Jay A. Berzofsky, M.D.
Charles H. Caplan, M.D.
Blase A. Carabello, M.D.
Sarah H. Cheeseman, M.D.
James H. Doroshow, M.D.
Allan H. Goroll, M.D.
Elliott B. Grossbard, M.D.
David C. Hooper, M.D.
Stephen W. Hosea, M.D.
Mark S. Klempner, M.D.
Barbara E. Murray, M.D.
Terrence A. O'Malley, M.D.
Elizabeth A. Reid, M.D.
Michael Rosenblatt, M.D.
David A. Samuels, M.D.
Allen H. Schaeffer, M.D.
Randall M. Zusman, M.D.

DERMATOLOGY

Third Year Residents

Francis S. Renna, M.D.
Arthur J. Sober, M.D.

Second Year Residents

Michael G. Caruso, M.D.
Donald P. Lookingbill, M.D.
John Provan, M.D.
Lewis Tanenbaum, M.D.

First Year Residents

Gregory L. Flint, M.D.
Barbara A. Gilchrest, M.D.
David S. Mosher, M.D.
Robert S. Stern, M.D.

NEUROLOGY

Chief Resident
John H. Growdon, M.D.

Third Year Residents

K. S. Krishnamoorthy, M.D.
David N. Levine, M.D.
David P. Richman, M.D.
Robert M. Stewart, M.D.

Second Year Residents

S. Charles Bean, M.D.
Benjamin R. Brooks, M.D.
Thomas R. Browne, M.D.
Mark Hallett, M.D.
John P. Kistler, M.D.

First Year Residents

Paul S. Blackman, M.D.
William J. L. Cable, M.B., Ch.B.
Jesaiachu A. Hemli, M.D.
Raymond J. Fernandez, M.D.
Julie L. Heston, M.D.
Camille B. Olson, M.D.
Martin A. Samuels, M.D.
John B. Welch, M.D.

PSYCHIATRY

Fourth Year Resident
Nicholas D. Kouretas, M.D.

Third Year Residents

Henry D. Abraham, M.D.
James C. Ballenger, M.D.
Robert W. Ferrell, M.D.
Gordon P. Harper, M.D.
Robert H. Hicks, M.D.
Kenneth W. Nobel, M.D.
John P. O'Brien, M.D.
Frederic E. Oder, M.D.
Darrel A. Regier, M.D.
Richard B. Stifler, M.D.
Miriam F. Tasini, M.D.
Harold R. Veits, M.D.
Albert V. Vogel, M.D.
Harold W. Ward, Jr., M.D.

Second Year Residents

David M. Bear, M.D.
William R. Beardslee, M.D.
Carol S. Dubois, M.D.
Janina R. Galler, M.D.
James E. Groves, M.D.
Rowen M. Hochstedler, M.D.
Neil R. Johnson, M.D.
Arthur M. Kleinman, M.D.
Theo C. Manschreck, M.D.
Peter A. Mansky, M.D.
Edmond D. Robinson, M.D.
Robert J. Zimin, M.B.,B.S.

First Year Residents

Arthur J. Barsky III, M.D.
Joel E. Dimsdale, M.D.
Martin B. Keller, M.D.
Charles A. Marotta, M.D.
Alexander L. Miller, M.D.
Alice W. Valle, M.D.
Charles A. Welch, M.D.
James H. Wheeler, M.D.
Barry R. Zitin, M.D.

NEUROSURGERY

Fourth Year Resident
George E. Mendelsohn, M.D.

Third Year Residents

Ming C. Kao, M.D.
Kenneth H. Ott, M.D.
Charles E. Poletti, M.D.
Manit Sujatanond, M.D.

Second Year Residents

Roberto C. Heros, M.D.
Lincoln F. Ramirez, M.D.

First Year Residents

Steven Brem, M.D.
Curtis N. Nelson, M.D.

CHILDREN'S

Chief Resident

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Carla B. Cohen, M.D.
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David A. Link, M.D.
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Dorothy H. Kelly, M.D.
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David R. Sigelman, M.D.
Lois S. Slovik, M.D.
Howard J. Weinstein, M.D.

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Laura R. Ment, M.D.
Orah S. Platt, M.D.
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Karen L. Scruggs, M.D.
Mary C. Thrift, M.D.
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Third Year Resident

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Fray F. Marshall, M.D.
William Stewart, M.D.

First Year Residents

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Terry W. Hensle, M.D.

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Timothy G. Canty, M.D.
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A. John Erdmann III, M.D.
Joel J. Feldman, M.D.
Richard F. Kempczinski, M.D.
James W. May, Jr., M.D.
John A. Ryan, Jr., M.D.
Robert E. Sloane, M.D.
John P. Welch, M.D.

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Nevin M. Katz, M.D.
Bruce W. Lytle, M.D.

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R. Bruce Donoff, D.M.D.,M.D.
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Leonard B. Kaban, M.D.
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Stephen J. Lipson, M.D.
Robert Lowe, M.D.
Sharon K. Muenchow, M.D.
Robert O. Powell, M.D.
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Daniel H. Smith, M.D.
Robert L. Thurer, M.D.
Ralph H. Willard, M.D.

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G. Gregory Gallico III, M.D.
J. Thomas Goodgame, Jr., M.D.
Mark S. Hochberg, M.D.
Arlen R. Holter, M.D.
James K. Kirklin, M.D.
Robert L. Martuza, M.D.
Peter T. Nieh, M.D.
Jon A. Perlman, M.D.
Harvey M. Rosen, M.D.
David M. Shahian, M.D.
Stephen H. Sinclair, M.D.
William P. Thorpe, M.D.

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Edward A. Heyes, M.D.
Richard D. Scott, M.D.
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Robert S. Steinberg, M.D.
Samuel D. Stulberg, M.D.
Jesse M. Weinger, M.D.
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Roy M. Nuzzo, M.D.
Ralph W. Pierce, M.D.
Richard A. St. Onge, M.D.
Richard B. Swett, M.D.

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Arnold S. Broudy, M.D.
John C. Garrett, M.D.
Frederick L. Jones, M.D.

Peter D. Kent, M.D.
Harold C. Leeds, M.D.
William W. Tomford, M.D.
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Harry C. Schwartz, D.M.D.

Second Year Residents

Thomas W. Albert, D.M.D.
John P. Kelly, D.M.D.
Daniel J. Olson, D.D.S.

First Year Residents (Interns)

Willie L. Stephens, D.D.S.
Jeffrey D. Stone, D.M.D.

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Fourth Year Residents

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Stephen J. Thomas, M.D.

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R. Prasad Guntupalli, M.B.B.S.
Astrid E. Liland, M.D.
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Angelo V. Gagliano, M.D.
Marilyn N. Hulter, M.D.
Thomas A. O'Connor, M.D.
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Charles H. Padget, M.D.
Jurgen Seebacher, M.D.
Keith B. Shoaps, M.D.
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James J. Richter, M.D.
Mark C. Rogers, M.D.
Richard M. Rosenblatt, M.D.
William P. Schecter, M.D.
Peter R. Silverstein, M.D.
Michael T. Snider, M.D.
Thomas S. Svensson, M.D.
Peter F. Walker, M.D.
James S. Wechsler, M.D.

PATHOLOGY

Chief Resident

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Philip B. Clement, M.D.
Karl H. Proppe, M.D.
Daniel A. Symonds, M.D.

Third Year Residents

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Mark A. Weiss, M.D.

Second Year Residents

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Richard J. Geller, M.D.
Walter K. Jung, M.D.
Jerry Kolins, M.D.
Susan D. Patterson, M.D.

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Ben Z. Pilch, M.D.

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Joseph C. Corkery, M.D.
Robert P. Friedlaender, M.D.
Michael J. Gallagher, M.D.
Stephen J. Galli, M.D.
Chester F. Schott, M.D.

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Luiz A. Fagundes, M.D.
Robert S. Heller, M.D.
Philip Littman, M.D.

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Gerald H. Sokol, M.D.
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Harold P. Weintraub, M.D.

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Lillian Haddock, M.D.
Annette A. Herscovics, Ph.D.
Rudolf Vrba, D.Sc.

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Maury A. Goldman, M.D.
Anne-Marianne Golovtchenko, Ph.D.
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Neil F. Goodman, M.D.
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David J. Greenblatt, M.D.
Beat A. Gurtler, M.D.
Faysal M. Hasan, M.D.
Hamilton R. Hayes, M.D.
Paul A. Heineken, M.D.
Matthew D. Heller, M.D.
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J. David Kieffer, Ph.D.
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Thomas F. Linsenmayer, Ph.D.
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Jane E. Mahaffey, M.D.
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Isamu Matsumoto, Ph.D.
Andrew H. McGinnis, M.D.
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David A. Newsome, M.D.
Hugh D. Niall, M.D.
Allen A. Nimetz, M.D.
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Juan A. Oliver, M.D.

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Renate Peytremann, M.D.
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Ruth S. Quinn, Ph.D.
Eliezer Rapaport, Ph.D.
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Judith D. Saide, Ph.D.
Kent W. Salisbury, M.D.
Jose M. Sancho, M.D.
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David H. Schlesinger, Ph.D.
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Donald R. Studney, M.D.
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Harald Torsvik, Ph.D.
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Simeon M. Wrenn, Jr., Ph.D.
Michael B. Zack, M.D.
Leonard M. Zir, M.D.

DERMATOLOGY

Joseph C. Alper, M.D.
David S. Feingold, M.D.
Antionette F. Hood, M.D.
Kowichi Jimbow, M.D.
Richard A. Johnson, M.D.
Yasuhisa Nakayama, B.S.
Andris Neimanis, M.D.
Rafael A. Perez-Figaredo, M.D.
Richard B. Rothenberg, M.D.
Barry C. Silver, M.D.

NEUROLOGY

Fellows

Margaret L. Bauman, M.D.
Paul Derer, Ph.D.
Morris A. Fisher, M.D.
Nicolas Kopp, M.D.
Richard T. Lachman, M.D.
Ira T. Lott, M.D.
Joel J.F. Oger, M.D.
Michael S. Pessin, M.D.
Srinivasa S. Raghavan, Ph.D.
Masaki Saito, Ph.D.
Maria V. Salam, M.D.
Danilo Tavcar, M.D.
Kiyoshi Tatsumi, Ph.D.
Roger S. Williams, M.D.

NEUROPATHOLOGY

Edward A. Arees, Ph.D.
Amauri B. DaSilva, M.D.
Fred H. Hochberg, M.D.
Roy J. Meckler, M.D.

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Donald Bentley, M.B., Ch.B.
Paula M. Botstein, M.D.
J. Bert Bunnell, Ph.D.
Sidney E. Chang, Ph.D.
Marco Danon, M.D.
Joshua Epstein, D.Sc.
Geraldine G. Feldman, M.D.
Oliver Hankinson, Ph.D.
Robert M. Hoffman, Ph.D.
Su-chen Hong, Ph.D.
Daphne Kamely, Ph.D.
Roger L. Ladda, M.D.
Susan P. Pauker, M.D.
Mary D. Scott, M.D.
Randolph E. Tompkins, Jr., M.D.
Jonathan B. Ward, Jr., Ph.D.

PSYCHIATRY

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Anne W. Alonso, M.Ed.
Andrea W. Beall, M.A.
Attilio B. Catazano, M.D.
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Paul L. Fair, Jr., M.A.
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James A. Manganello, Ed.D.
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George B. Murray, M.D.
Sang K. Nam, M.D.
Dermot A. O'Rourke, M.B., B.Ch.
Edna P. Padilla, M.D.
Frank J. Paolitto, M.D.
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Marcelo B. Trucco, M.D.
L. Elizabeth Wells, M.D.

SURGERY

Alphonso M. Aguirre, M.D.
Naoki Aikawa, M.D.
Cary W. Akins, M.D.
Brian J. Bellhouse, Ph.D.
Conrado C. Bondoc, M.D.
Clifford J. Buckley, M.D.
Jacob Buth, M.D.
J. Lorenzo DeLaGarza, M.D.
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Josef M. Funovics, M.D.
Inder P. Goel, M.B.B.S.
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David Irwin, Ph.D.
Masaaki Ishikawa, M.D.
George Z. Kapellakis, M.D.
Yahiro Kotake, M.D.
Lucien M. Levy, Ph.D.
David T. MacLaughlin, Ph.D.
Sudhir R. Marfatia, M.B.B.S.
William T. Melvin, Ph.D.
Samiran Nundy, M.B., B. Chir.
Huug Obertop, M.D.
Dennis D. O'Keefe, M.D.
Andre J. Ouellette, Ph.D.
Anne W. Phillips, M.D.
John H. Raaf, M.D.
Alvaro Retana, M.D.
Samuel L. Selinger, M.D.
Donald M. Silver, Ph.D.
Marek J. Skoskiewicz, M.D.
Robert J.S. Thomas, M.B., B.S.
M. Andre Vasu, M.D.
Robert I.C. Wesdorp, M.D.
John D. Whelchel, M.D.

NEUROSURGERY

Teodoro F. Dagi, M.D.
Ronald W. Hurt, M.D.
Nikolas Papadakis, M.D.
Joe M. Parks, Ph.D.
Eugene A. Quindlen, M.D.

ORTHOPAEDIC SURGERY

A. Karim Al-Shaikhly, M.B., Ch.B.
Charles E. Carlson, Sc.D.
Robert W. Milgram, M.D.
Byeong M. Park, M.D.
Elliott L. Thrasher, M.D.

PATHOLOGY

Beverly C. Borlandoe, M.D.
Peter Clopath, Ph.D.
Lawrence M. Friedlander, M.D.
Mary E. Hammond, M.D.
John C. Long, M.D.
Jeffrey S. Ross, M.D.
Wanda M. Szyfelbein, M.D.

RADIOLOGY

Robert H. Ackerman, M.D.
Bhagwat Ahluwalia, Ph.D.
L. Reed Altemus, M.D.
David A. Chesler, Sc.D.
Warren W. Church, M.S.S.E.
John A. Correia, Ph.D.
Kenneth R. Davis, M.D.
John R. Fischer, M.D.
Nancy H. Kolodny, Ph.D.
Brian W. Murray, Ph.D.
Ilana Nitzan, M.Sc.
Norimasa Nohara, B.Sc.
James A. Schnur, M.D.
William R. Scott, M.D.
Oscar J. Solis, M.D.

RADIATION MEDICINE

Rita M. Linggood, M.B.B.S.

ORAL SURGERY

Mark C. Beal, D.M.D.
David A. Keith, B.D.S.

BIOCHEMICAL RESEARCH

Subbanaidu Ramagopal, Ph.D.

ANESTHESIA

Visiting Fellow

Nydia R. deJesus, M.D.

Fellows

Hassan H. Ali, M.B., B. Ch.
Lorna J. Bennett, D. Phil.
Gillian A. Geffin, M.B., B.S.
Robert T. Harrison, M.B.B.S.
Demetrios G. Lappas, M.D.
Axel K. Olson, M.D.
Janine T. Rodrigues, M.B.B.S.
Adrian S. Selwyn, M.B.B.S.
Katherine A. Shaw, M.D.
K. Szczudlowski, M.D.

THE MASSACHUSETTS GENERAL HOSPITAL

McLean Hospital

List of Officers and Staff of McLean Hospital begins on page 223.

Massachusetts Eye and Ear Infirmary

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary, an adjacent but independent specialty hospital. Their staff becomes a part of the staff of the Massachusetts General Hospital and is as follows:

MEDICAL STAFF

DEPARTMENT OF OPHTHALMOLOGY

ACTIVE STAFF

Chief of Ophthalmology
Claes H. Dohlman, M.D.

Associate Chief of Ophthalmology
Charles D. J. Regan, M.D.

Surgeons in Ophthalmology

W. Morton Grant, M.D.
Abraham Pollen, M.D.
Karl Riemer, M.D.
Alfred W. Scott, M.D.
David H. Scott, M.D.
Taylor R. Smith, M.D.

Associate Surgeons in Ophthalmology

D. Robert Alpert, M.D.
S. Arthur Boruchoff, M.D.
Robert J. Brockhurst, M.D.
Thomas P. Cronin, M.D.
David D. Donaldson, M.D.
Warren D. Haley, M.D.
Ichiro D. Okamura, M.D.

Assistant Surgeons in Ophthalmology

Lloyd M. Aiello, M.D.
John M. Carroll, M.D.
Richard B. Chapman, M.D.
Hal MacKenzie Freeman, M.D.
Carl G. Freese, Jr., M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
B. Thomas Hutchinson, M.D.
Robert C. Lawlor, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
George M. Olive, M.D.
Irving L. Pavlo, M.D.
Robert A. Petersen, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
Baruch J. Sachs, M.D.
Richard J. Simmons, M.D.
Donald R. Weis, M.D.
Michael Wiedman, M.D.

Assistants in Ophthalmology

Robert A. Bellows, M.D.
Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
Don Carl Bienfang, M.D.
Chester J. Boulris, M.D.
David G. Campbell, M.D.
Leo T. Chylack, M.D.
Eugene C. Ciccarelli, M.D.
Richard L. Dallow, M.D.
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Robert A. Gorn, M.D.
Arthur S. Grove, M.D.
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Eric H. Johnson, M.D.
Joseph C. Kim, M.D.
Robert S. L. Kinder, M.D.
Mohandas M. Kini, M.D.
Joel Arthur Kraut, M.D.
Arnold J. Kroll, M.D.
Brent W. Lambert, M.D.
Deborah P. Langston, M.D.
Eeva Liisa Martola, M.D.
Ernest J. Meyer, M.D.
Joseph Michon, M.D.
David Miller, M.D.
Peter B. Mooney, M.D.
Edward Murphy, Jr., M.D.
Roger V. Ohanesian, M.D.
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Ronald C. Pruett, M.D.
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Mahlon T. Easton, M.D.
Trygve Gundersen, M.D.
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Brendan D. Leahey, M.D.
Henry A. Mosher, M.D.
Charles L. Schepens, M.D.
Earl S. Seale, M.D.
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Richard L. Fabian, M.D.,
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Chiu-Chen Wang, M.D.

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Microbiologist

Anita Mangiaracine, A.B.

Supervisor of the Clinical Laboratories

Janis Avallone LaRosee

*Plastic Surgery

One Hundred and Sixtieth Annual Report of the Trustees

It is our pleasure to submit the Annual Report covering Dr. Charles A. Sanders' first full year as General Director of The Massachusetts General Hospital. The Trustees have enjoyed the opportunity to work with Dr. Sanders and to develop plans for the transition of the administration of the hospital from that of Dr. Knowles. To help implement these plans, the consulting firm of Peat, Marwick and Mitchell was employed in June to make administrative recommendations following the resignation of Dr. Ellsworth T. Neumann. Dr. Neumann, after twenty-four years as Assistant Director and Administrator of the hospital, retired to take an administrative post at the Rockefeller Foundation. It was with great regret that his resignation was accepted by the Trustees at their meeting on May 18, 1973. At year end, a committee of the Trustees, consisting of Messrs. Lawrence, Burr, and Brace working with Dr. Sanders, was completing its analysis of the Peat, Marwick and Mitchell recommendations.

Mr. Lawrence and Mr. Theopold, along with Dr. Sanders and Mr. Hopkins on behalf of the hospital, continue their meetings and studies with the other members of the Board of Directors of the Cambridge Street Community Development Corporation. During the past years, these studies have been more concentrated on two areas in which the hospital has specific interest, the area bordered by Cambridge Street, Parkman Street, North Anderson Street, and Blossom Street on the north side of Cambridge Street and the block on which the Cambridge Street Garage presently owned by the hospital is located on the south side of Cambridge Street. The CSCDC at year end had employed a full-time Manager of Development and also engaged the services of Perry, Dean and Stewart to serve as urban designers for the entire area encompassed by the CSCDC. The two new garages on North Grove Street are most adequate but still operate in red figures. However, it is anticipated that the gradual increased utilization for hospital purposes will see this situation improved in the next year.

Early in 1973 a contract was awarded for the air conditioning of the employee areas, including the kitchens in the basement of the White Building, and at year end the areas torn up in the Macomber quadrangle were being restored and a patio for outside dining in the summer months will be developed.

At the same time, Dr. Sanders with his administrative planning board was completing the revision of the plans to move the medical wards and certain special medical and surgical services. The Certificate of Need deleted two areas, those for surgical offices on Gray 5 and biomedical engineering on Gray 12. Final bids will be followed by construction which should be completed in 1976.

At the same time a staff committee and outside consultants were working with Dr. Sanders to prepare a utilization plan and subsequent architectural design for an Ambulatory Care Center to be located on the south side of the property of the hospital, possibly on land developed by the CSCDC.

On recommendation of the Planning and Building Committee, the Trustees approved the completion of the two unfinished floors of the Cox Building to house Medical and Surgical Oncology and temporary requirements for the Department of Pathology. It was estimated that this would add $2 million to the total cost of the building but should not delay the completion date of December 1, 1974. Additional funds were being raised for these laboratories stimulated by the receipt of a gift of $350,000 from the Edith K. Haines Trust in New York for the construction of the medical oncology floors and $500,000 from an anonymous donor in Boston to provide basic salary for the medical oncologist.

During the year the Standing Committees of the Trustees and the Combined Committees of the Trustees and Staff were reshuffled to take advantage of the services of Mrs. Claflin and Mr. Makrauer. Mr. Makrauer was added to the Finance Committee and the McLean Committee and Mrs. Claflin's assignments included the Volunteer Committee.

The Annual Dinner of the Corporation was held on October 11 at the McLean Hospital in Belmont. This is the first time that the dinner had been held at the McLean, and the Corporation Members indicated that they were glad to have the opportunity to review the McLean activities firsthand.

The McLean Hospital, whose affairs are handled by the McLean Committee of the Trustees headed by George Putnam, of the Board of Trustees, reports another successful year. It was the first full year in which the clinical, teaching, and research missions of the hospital felt the impact of Dr. Shervert H. Frazier's appointment as psychiatrist in chief. All three areas were marked by growth and change. Administratively and financially the hospital also moved forward.

Perhaps the most important achievement of the year was that after many, many years of planning and work, the McLean Hospital Chil-

dren's Center was at last ready to open at the end of the year. For the first time in McLean's history, its treatment is extended to individuals of all ages. Dr. Silvio J. Onesti came to McLean Hospital to serve as director of child psychiatry and by year end had the nucleus of a multidisciplinary team which would handle the first patients scheduled to be admitted to the Children's Center after its official opening on October first.

There were other important developments in the area of patient care. McLean's admission policy was changed during the year to make possible easier access to hospitalization and more rapid initial evaluations of individuals admitted.

Also during the year, the hospital's alcoholic unit, the Appleton Treatment Center, had its first anniversary. The unit has had a high occupancy rate since its establishment, and during the year a small halfway house on McLean grounds was set up to give patients the post-discharge support which alcohol-dependent persons often need in making the transition back to the community. Also at year end, a third halfway facility was planned at McLean — for younger-aged adolescents who are attending the hospital's accredited high school while involved in treatment at McLean.

There were new directions in research as well. McLean received several new federal contracts in drug abuse and attracted a high-caliber research team to direct such activities, including Jack H. Mendelson, M. D. and Roger E. Meyer, M. D. Most exciting of all were plans for Dr. Seymour Kety and his group to join the staff at McLean and to develop a research program in the major causes of psychosis. The Trustees approved in principle the expansion of the hospital's research facilities and authorized a major capital fund drive for this purpose. The hospital has already obtained a Certificate of Need from Massachusetts to construct its new Psychobiological Research Center.

Also, there were new directions in training. The McLean Hospital Facility for Continuing Education was established, under the direction of Stanley H. Eldred, M.D., to better extend and share the hospital's knowledge and experience with professionals working in the community. The facility conducted two major seminars during the year.

Despite major start-up costs for the Children's Center, the McLean was able to close the year with a deficit of $32,000.

The Trustees are grateful to Dr. Francis de Marneffe and his administrative staff for their progress in the past twelve months in making the McLean Hospital more responsive to the community needs and at the same time bringing the budget to a near balance position.

The Trustees, however, are increasingly concerned about the mounting dollar figure of accounts receivable and the difficulties in collecting the amounts, in some instances going back to 1968, for Medicaid expenses. This has embarrassed the cash flow position on occasion and required extension of the credit line. Although some progress has been made in the last six months of the calendar year, the situation is far from satisfactory.

The Scientific Advisory Committee held its annual meeting on November 30th and December 1st with the two new members, Dr. Robert W. Berliner, Dean of Medicine at Yale University, and Dr. Albert L. Lehninger of the Johns Hopkins University School of Medicine, attending for the first time. The Trustees met with the Committee the evening before the formal meetings, and following the meetings a dinner was given for members of the Committee on Research to hear Professor Schmitt describe the activities of the Neurosciences Research Program.

Dr. Francis Rackemann, long-time member of the medical staff, formerly Chief of the Allergy Clinic, and well known in the hospital and in medical circles in Boston died on March 5th.

Dr. Paul Dudley White, whose accomplishments in care and research in cardiology were recognized throughout the world, died in the Phillips House on October 31st. His death occasioned numerous memorials in the medical and scientific journals and the public press throughout the world, and the MGH recognized his passing with a memorial edition of the *MGH News*.

Dr. Joseph C. Aub, Chief of the Huntington Laboratories from 1928 to 1956, and also Collis P. Huntington, Professor of Medicine at the Medical School and Chief of the Warren Laboratories of the Huntington at the MGH, died following a long illness on December 30th. He was recognized throughout the world as a pioneer in cancer investigation and organized extensive studies in his department both on the basic and clinical levels of research. He was recognized as one of the first men in medicine to devote much of his career to this challenging field.

Dr. Morten Grove-Rasmussen, Director of the Blood Bank and Transfusion Service, died suddenly at his home on August 18th. He had spent his entire professional life at the MGH in the Blood Bank and witnessed its growth and provided the leadership to bring it to its high level of achievement and usefulness not only to the hospital but

to the community at large. The Blood Bank, thanks to the generosity of the Charles H. Hood Foundation, was rehoused on the first floor of the Gray Building in 1968 and is probably one of the most complete, modern, and efficient units of its kind in the country due to Dr. Grove-Rasmussen's planning and organization.

LLOYD D. BRACE
S. LANG MAKRAUER
For the Trustees

Report of the General Director

It is an honor to submit the Annual Report for 1973, my first full year as General Director. A number of important events have taken place during the year which will influence future directions of the hospital, not only to deliver excellent patient care, but also to carry out the strong research programs which have contributed so much to the advancement of general medical knowledge in the past and as well to the vitality and strength of the MGH community.

In the area of patient care, there has been a steady increase in utilization of hospital beds, exceeding 90 percent of our capacity during the weekdays throughout the year and falling only slightly below 90 percent during the weekends and holidays. The average occupancy rate during the year was in excess of 89 percent. As might be predicted, this high level of occupancy has required an increase in staffing which, coupled with general inflation, has required an $8 per day increase in the room rate, so that the average per diem rate in the hospital has now reached $116 a day. This does not include the Intensive Care Units, where daily charges range from $200 in the Coronary Care Unit to $375 in the Surgical Intensive Care Unit. Unfortunately such charges, while extremely high, accurately reflect the actual cost of providing these needed services. It is of interest that despite the high charge for inpatient care, relatively few patients are unable to pay their medical bills. Such is not the case in the Emergency Ward or OPD where substantial numbers of the patients treated are unable to cover the costs of service provided. In such cases, the hospital has a firm and continuing policy of cancelling an outstanding bill. It should be emphasized that such free care has been a long and proud tradition of the hospital, paid for primarily with income from those areas of the hospital which generate funds in excess of cost. Without our ability to cover the cost of free care from the above sources, the hospital would have to cut back on a number of its important ancillary services. Obviously, flexibility in transferring funds from one part of the hospital operation to cover the deficits of essential but losing operations in other parts of the hospital is necessary if we are to continue providing the comprehensive services which we now make available to the public.

Internal Medicine Associates, the primary care group based in the Outpatient Department, has continued to flourish. It has assumed all the responsibility for the Medical Clinic, added a number of senior

staff, and played a major role in teaching our new interns in the Primary Care Training Program, which began July 1, 1973. The experience of the two interns in the program thus far has been a very positive one, and it is our plan to continue this important training program for the foreseeable future. We hope that physicians trained in this manner will become the entry point for patients coming to the hospital for health care who do not already have a physician available to them. It should be emphasized that the success of the Primary Care Program depends not only on the physician but in large measure upon a competent nurse-practitioner. Such a training program has begun under Miss Ruth M. Farrisey in the Outpatient Department, and it is looked upon as one of the models of such programs in the country today.

Coincident with the growth of a primary care program in our own OPD, the hospital has opened the MGH-Chelsea Health Center, which, combined with the facilities of Bunker Hill Health Center, provides comprehensive health care to the communities of Charlestown and Chelsea. Dr. Andrew D. Guthrie, Jr. of the Department of Pediatrics has been named Executive Director of the Bunker Hill Health Center, succeeding Dr. John P. Connelly, who resigned to become Chairman of the Department of Pediatrics of Loyola University in Chicago. Dr. Guthrie is a highly respected member of the MGH community and we are extraordinarily fortunate that he is willing to assume this important post at this time. Similar feelings may be expressed about Miss Eleanor Clark, our nationally recognized Director of Social Service, who has consented to take on additional responsibility as Administrative Director of the Chelsea Health Center. Many of the activities now developing in Chelsea are being supported by a generous grant from the Edna McConnell Clark Foundation.

In further efforts to improve patient care, I appointed Miss Isabella Tighe as Patient Care Representative. In the five months that she has been with us, she has provided numerous important services in making our patients more comfortable and understanding of the hospital environment.

One of the most important accomplishments of the year has been obtaining a determination of need for the transfer of the medical wards from the Bulfinch Building to the unfinished shell space in the Gray Tower. This process was long, laborious, and often frustrating because of the difficulty in dealing with a variety of state agencies which have not yet developed a timely and effective means of dealing with requests to replace or build new health facilities. Nonetheless, the task was accomplished and construction is scheduled to begin in early

1974. In addition to the medical wards occupying Gray 6, 7, 8, and 9, Urology will be expanded from White 10 to Gray 10 and Neurology and Neurosurgery from White 11 to Gray 11. There will be corresponding improvements in adjacent floors of the White Building. Construction of the Cox Cancer Management Center remains on schedule, with completion expected in December, 1974. One of the most important tasks in the immediate future will be development of the programmatic and administrative structure of this very large, unique facility. I am happy to report that Dr. Howard Ulfelder has consented to give up his position as Chief of Gynecology and take on this enormous task on a fulltime basis. His willingness to assume this responsibility is typical of his selfless dedication to the planning of the entire effort up to this time.

In the area of research, a most exciting development has been the application of a new radiologic technique, the so-called EMI scanner (computerized axial tomography), which was bought with nonpatient care funds to determine its potential in diagnosing a variety of neurological diseases. Since the cost of the machine was such that it required approval by the state, a certificate of need would have had to be obtained for its purchase if patient care funds were used. It is unlikely, in the present climate, that such an approval could have been obtained, simply because the machine had been used only in the United Kingdom. Our experience has shown this machine to be extraordinarily useful, safe, and readily practical on an ambulatory basis. This usually eliminates the cost of hospitalization, and in many instances, the technique will replace procedures such as carotid arteriography and air studies of the brain which not only are expensive but also carry a slight risk. This development is but one more example of the leadership which characterizes the MGH in clinical investigation and which the Trustees have always supported to the fullest extent possible.

Research otherwise has continued to enjoy less governmental support than in previous years. Specifically, clinical and research training grants as well as the general research support grant which has provided seed money for young investigators, are being phased out. These plans on the part of the Administration have incited considerable controversy in the Congress and the scientific community. Senator Edward M. Kennedy brought his Subcommittee on Health to the MGH in April of 1973 to hold hearings on these important questions. Unfortunately, despite the protest of many respected scientists and congressmen, plans for phasing out the support of this important area of research training and development are being continued. In certain

instances, it has become clear that some of the clinical fellows have been providing essential clinical service to the hospital, and these positions will be supported by the institution to ensure the continuing availability of specialty care to all our patients.

In addition to the move of the medical wards, the major effort for institutional planning is in developing the programmatic needs of the proposed Ambulatory Care Center. Simultaneously, the project needs of such a center are being coordinated through the manager of the Cambridge Street Community Development Corporation. It is anticipated that this effort will not only encompass the housing of our private physicians but will also foster the development of group practice, thus allowing an entry point into our health care system through a primary physician. The activities of the ambulatory facility will require integration into our existing neighborhood health centers so that we can develop a truly effective health network for our natural cachement area. In addition, the Ambulatory Care Center will house a comprehensive array of diagnostic facilities, including X-ray and clinical laboratories so that patients of the center can have services provided within the same building and in the shortest possible time. We also anticipate that the Transient Surgical Unit currently on Baker 11 will be relocated in the Ambulatory Care Center and that space vacated by the move allocated to inpatient activities. It is important to emphasize that development of our increased capability in ambulatory care will require additional manpower so as not to dilute the strength and vitality of our excellent inpatient services.

Active planning is underway for formalizing the status of the hospital as an educational institution. At this writing, we are anticipating approval by the state Attorney General's office of our pending application to petition the Board of Higher Education for degree or certificate granting authority. Dr. Henry J. Mankin in his new capacity as Chairman of the Committee on Teaching and Education and Mr. Richard J. Olsen, our educational planner, have set up several committees to determine the desirability and feasibility of developing formal curricula in respiratory therapy, physiotherapy, language therapy, social service, technological assistance, and a number of other areas covering a wide range of activities. In addition, a committee of the School of Nursing is actively at work to explore changing the School of Nursing from a diploma school to a degree granting institution. We maintain a strong commitment to education of nurses, but in view of changing educational patterns in the country, it appears desirable to develop alternatives to the traditional diploma.

In the spring of 1973, a Committee to Review the Future of Pedi-

atrics at the Hospital was set up by the Trustees. It deliberated throughout the remainder of the year, interviewing many physicians representing a cross section of the department's activity. In addition, Dean Robert H. Ebert contributed his views. The committee unanimously and enthusiastically agreed that pediatrics plays a major role in the long-range goals of the hospital and should be supported strongly. A number of specific recommendations were made relative to the inpatient and outpatient activities in view of the current needs of the pediatric population.

Other events of note in 1973 include the appointment of Dr. Paul S. Russell as new Chairman of the Committee on Research. Dr. Russell is a highly respected and imaginative investigator who has already shown the leadership one would have expected of him in continuing the outstanding work of Dr. Seymour S. Kety, retiring Chairman. The Committee on Research and the General Director have jointly developed a new Committee on Long Range Research Planning and Policy under the leadership of Dr. Jerome Gross. This committee will serve as a resource for research policy and planning which hopefully will allow us to evaluate needs of departments as chairmanships change and to recognize the need to support the development of new fields of medical science. I should also like to report that Ether Day this year was marked by presentation of the official plaque from the U.S. Department of the Interior designating the Bulfinch Building a National Historic Landmark. The Bulfinch is to our knowledge the only building to receive such recognition twice, on this occasion for the architectural beauty and previously in celebration of the first use of a general anesthetic in the Ether Dome.

I regret to announce that Dr. Leon Eisenberg has submitted his resignation as Chief of the Department of Psychiatry effective in the summer of 1974, due to his desire to return to the field of child psychiatry. He will join Dr. Julius Richmond at the Children's Hospital Medical Center in Boston, and it is with profound regret that we see him go. He has contributed enormously to the vitality and intellectual atmosphere of the institution.

In looking ahead, the major item of concern has been the reorganization of the administrative structure of the hospital. As noted in the Trustees' report, this problem has occupied the consulting firm of Peat, Marwick and Mitchell for the latter six months of the year. It is anticipated that as their recommendations become finalized, the administration will be organized along programmatic lines and expanded to include greater educational and teaching opportunities. In the years ahead we would like our administrative group to serve as

a reservoir of future leaders in the field, much as our various medical services have provided the training ground for young men who have eventually assumed positions of leadership elsewhere in the country.

A year ago I commented in the annual report that external forces over which we had little control would in large measure shape many of the future directions of the hospital. While I still feel the same way, it is of interest that the expansive calls for a totally comprehensive health system through a governmental financing program have been modulated. I believe this has occurred primarily because it is now appreciated that comprehensive health care is an extremely expensive program, and inconsistent with the goal of tightly controlling the cost of health care. Thus the idealists who insist on a liberal comprehensive health care program and the economists who insist on cost containment have been on a collision course. Of great concern is that the realities favor the economists, and it may well be that in the near future health care will be financed on the basis of a limited number of dollars, rather than dictated by the actual needs of society. Already the concept of prospective budgeting is forcing us to consider our priorities. Prospective budgeting provides a fixed number of dollars per day, regardless of the severity of a patient's illness. In such circumstances the third party (in this case Medicaid) does not concern itself with what is done for the patient (e.g., open heart surgery or hernia repair); it only pays a fixed daily rate. Similar constraints are being placed on the hospital industry by the Cost of Living Council.

In these times, then, we are stringently limited in our ability to grow and are held accountable for whatever growth does take place. This is not an atmosphere to which we have been accustomed, but it is by no means an environment in which we cannot live and prosper. To do so we must articulate to those who would regulate us those positive features about our health care system and in particular the necessity for great teaching hospitals like the MGH, so that regulations governing us are promulgated and evolved on an informed rather than unilateral, arbitrary basis. Equally important, we as an institution must be more sensitive to the allocation of limited funds. As one of my colleagues recently said in a speech relating to growth in the health care industry, it is a time to measure our goals and our resources. The MGH, while no exception, has the dedication and the talent to plan wisely, to adjust, and in the long run to be a stronger, more unified and cohesive institution than ever before.

CHARLES A. SANDERS, M.D.
General Director

Report of the General Executive Committee

The activities of the General Executive Committee for the year 1973 were marked by increased attention to the external forces which are dictating major changes in the organization of the MGH and its research, teaching, and patient care activities. Critical governmental decisions have already had a major impact on research in the institution, primarily through substantially reduced GRSG funding; the medical school teaching activities at the MGH were sharply increased with the phase-out of Harvard's association with Boston City Hospital, while funds for research training were severely curtailed; the hospital's organization of its patient care activities will be remodeled by new legislation, particularly Public Law 92-603.

Some of the major areas that concerned the GEC in the past year include decisions on terms of service for chiefs, privileges of the Senior Consulting Staff, third-party contracts, certificates of need, programs of the Commonwealth Institute of Medicine, implications of PL 92-603, and revised Utilization Review Committee policies. Other Committee actions inaugurated periodic Status-of-Service reports, appointed a Medical Staff Review Committee, and implemented many of the Joint Commission on Accreditation of Hospitals recommendations including mechanisms for documenting the continuing education of staff, formalizing affiliated programs, and defining clinical privileges. Actions impinging directly on patient care included approving protocols for bedside bronchoscopy, hyperalimentation, and the admitting area, approving plans for reorganization of the Orthopaedic Service, and increasing the house staff complements of the Departments of Anesthesia and Orthopaedics. Of these and other GEC activities, only several will be discussed. In all instances, the Committee's actions and recommendations were designed to adjust the hospital's environment to these new and external forces so that the very special relationships among patient care, teaching, research and administration would be preserved.

Changes in the membership of the General Executive Committee included the addition of Dr. Paul S. Russell representing the Committee on Research, and Drs. Edwin P. Maynard III and Hermes C. Grillo, who were elected by the staff. After many years of loyalty and

service, Dr. Ellsworth T. Neumann resigned his position to join Dr. John H. Knowles as a member of the Rockefeller Foundation. At the recommendation of Dr. Charles A. Sanders, membership for Mr. Lawrence E. Martin, the hospital's Comptroller, was authorized. Mr. Martin's appointment is especially important as it provides the General Executive Committee with ready access to sage counsel concerning the increasingly important fiscal ramifications of new legislation.

Considerable time was spent planning programs adaptable to changing health care funding patterns. Because of markedly reduced and threatened phase-out of support for research training, the GEC approved a study of the deployment of each department's clinical and research fellows to determine the number that were essential to patient caretaking activities. Alternative sources of funds must be found for this group. In April, the Senior Senator from Massachusetts, Mr. Edward M. Kennedy, held his Subcommittee hearings at the MGH. Testimony from our General Director and others in the Commonwealth was heard in an attempt to ascertain the impact of reduced research training funds and monies for mental and community health facilities.

Without doubt, Public Law 92-603 will have as major an impact on traditional medical practices as did Titles 18 and 19. The law mandates the establishment of Professional Standards Review Organizations designed to monitor the quality and quantity of health care and promulgates special regulations governing reimbursement for patients in the private and nonprivate settings. It is the intent of PL 92-603 to provide everyone with an affordable level of health care. The Government rather than the health profession is setting the guidelines for affordable care.

As a preview of impending PSRO activity, the GEC approved the participation of the MGH in the Commonwealth Institute of Medicine's CHAMP concept. This program, supported by the Commonwealth of Massachusetts, monitors and approves the medical necessity for hospital admission and duration of stay for Medicaid and General Relief supported patients. Its impact on the MGH has yet to be determined but its implications are clear.

To preserve the highest ethical standards of medical practice at the MGH, the GEC approved a Staff Associates' Committee on Ethics and Standards of Practice. Also approved was an arrangement whereby the Human Studies Subcommittee of COR would review for and recommend to the GEC patient care and research protocols which might impinge on the rights of patients.

The GEC was most pleased with the successful efforts of the General Director relative to securing a Certificate of Need from the Commonwealth for the transfer of the Medical Service from its archaic facilities in the Bulfinch to a new and more appropriate location in the Gray Building.

The Committee continued its concern for the para-MGH community. It was pleased to approve the appointment of Dr. Andrew D. Guthrie, Jr. as Director of the Bunker Hill Health Center and Miss Eleanor Clark as the Director of its health care center in Chelsea.

The Subcommittee on Community Programs Evaluation reported its guidelines for the review of proposals concerning community programs. It also formulated a system of titles and appointments appropriate to staff whose primary function is the delivery of community health services. Both recommendations were approved.

The GEC found most useful a system whereby each chief gives periodically a Status-of-Service report. In the past year, the Committee heard detailed reports from the Department of Anesthesia, the Children's Service, Dermatology, Emergency Room, General Surgery, Gynecology, and Medicine. Reports of the other services and departments are scheduled for 1974.

The GEC is most grateful to Mr. James M. Vaccarino, the hospital's in-house counsel, for the skill and thoroughness with which he has dealt with many of the legal aspects of the Committee's activities. His advice has been invaluable.

Of particular concern to the GEC are the Phase Four guidelines of the President's Economic Stabilization policy as it applies to health care. The fiscal regulations pertaining to teaching hospitals are inordinately restrictive. It is hoped that these regulations will be modified prior to their official promulgation in late 1974.

The GEC is enthusiastic about the plan of the General Director and the Trustees to build an Ambulatory Care Center on the MGH campus. It is anticipated that such a structure will provide for more efficient ambulatory care, and the additional space provided will decompress the overcrowding of many of the current MGH facilities, especially in the Warren Building. In addition, a special experience will be provided for our house staff who will be the future purveyors of health care in a format which is now evolving under governmental legislation and includes a greater emphasis on prophylactic care. The new ambulatory care center will enable the MGH to accommodate to these emerging patterns of health care delivery.

This year's report touches only superficially on some of the more important hospital concerns. In no way does it adequately reflect the

efforts of all of the other members of the supporting and professional staffs who have sagely counseled the GEC and generously implemented its decisions.

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EARLE W. WILKINS, JR., M.D.

Report of the Committee on Research

This year, the twenty-sixth since its founding, has been another active one for the Committee on Research.

Planning and Policy

Faced with significant changes in the mode of funding of biomedical research by the federal government as well as the possibility of imminent reductions in overall support, the Committee has responded in a number of ways. Through its Subcommittee on Research Planning and Policy (under the Chairmanship of Dr. Jerome Gross) discussions concerning the best use to which our shrinking General Research Support Grant can be put were held, recognizing that reductions might be anticipated not only in many project grant areas but also, very stringently, in training grant programs. It was felt that stabilization of our "key research workers" should have high priority, and a careful survey of the numbers of individuals involved in various ways in the research effort throughout the hospital along with their sources of financial support was carried out. It was of interest that this study, which did not deal with information regarding any individual, revealed that of the approximately 750 members of the MGH staff (not including house staff and clinical and research fellows), 33 percent received a significant proportion of their salaries from research grants, contracts and training grants. Approximately one-third of these or 10 percent of the staff were reported to be "key" members of their respective services/departments at the hospital. Another important activity of this Subcommittee which was related to changes in patterns of government support for research was its ongoing function of reviewing all contracts, large grant proposals, and proposals involving collaboration with other institutions. Since emphasis on contract and large program grants appears to be rising in federal granting agencies, it was felt that a valuable function of this Subcommittee would be a consideration of the impact of such proposals on the institution as a whole. Review of the scientific quality of research to be conducted under such proposals remains the responsibility of the Subcommittee on Review of Research Proposals.

Scientific Advisory Committee

From all the discussions of the complex issues involved in these major and often quite unpredictable changes in governmental policy,

discussions that have been participated in by the Scientific Advisory Committee as well as our own research community, there has emerged a feeling that the *quality* of our research effort must continue to have first consideration and that this will depend very heavily on the quality of the individual investigators here. The confidence with which the hospital deals with such issues is considerably enhanced by the advice it receives from the Trustees' Scientific Advisory Committee. This year the Committee held its annual meeting on November 30 and December 1, 1973. In addition to a continuing discussion of problems such as those mentioned above, consideration of this Committee was invited to the opportunities which exist in the development of a more coherent program of research into cancer biology and management in our general hospital. In line with the experience of the previous year, the agenda of the Advisory Committee was drawn up by a special *ad hoc* subcommittee under the chairmanship of Dr. J. Kurt Isselbacher.

Review of Research Proposals

The Committee on Research continues to rely heavily upon a number of subcommittees, each of which plays an important role. The Subcommittee on Review of Research Proposals, now chaired by Dr. Nancy Bucher, has functioned effectively as part of the COR's advisory function to the service chiefs, department chiefs, the General Director, and the Trustees. The number of research proposals reviewed appears to have increased recently by almost 100 percent over a similar period last year. At the same time, many proposals presented for review are of an entirely new order of complexity and size. It has been reported, for example, that one interinstitutional proposal tipped the scales at fourteen pounds and involved more than a hundred investigators. Careful records of the number and type of research proposals emanating from the hospital and of their eventual disposition are now being kept. It is anticipated that interesting and useful information will be coming from this study in due course.

Human Studies

The Subcommittee on Human Studies under the Chairmanship of Dr. Morton N. Swartz has also remained active. With seemingly ever-increasing interest on the part of the community at large and of the federal and state governments in the protection of human rights, the careful and responsible guardianship exerted by this group, which is drawn from a broad base of hospital personnel, is extremely valuable.

Animal Farms

The Subcommittee on Animal Farms must also contend with a whole range of problems, some of which are the result of more stringent regulations regarding requirements for acceptable facilities for animal care promulgated by granting agencies and the Department of Agriculture. To satisfy these standards in a period of steadily rising costs will doubtless continue to tax the resourcefulness of Chairman Charles E. Huggins and his Subcommittee.

Research Safety

The Chairmanship of the Subcommittee on Research Safety passed this year from Dr. Jesse F. Scott to Dr. Bucknam McPeek. Here again the application of a number of regulations arrived at outside the hospital must be applied constructively to a wide variety of situations within.

Communication within the Research Community of the Hospital

The need for communication in respect to research activities has never been greater. The Research Office, under Drs. Ralph G. Meader and Edgar B. Taft, strives constantly to remain abreast of important trends regarding policy matters in the granting and administration of research funds. These are transmitted regularly to members of the research community of the hospital either in written form or through verbal reports to the Committee on Research by senior administrators representing the granting agencies.

The size and varied character of our research establishment makes it imperative, however, that efforts be made constantly to inform people within the hospital concerning the activities of their colleagues. This is done by the annual publication of a "Research Activities" booklet which lists investigators and research projects, by regular scientific presentations to the full Committee on Research, and by a series of highly successful evening research colloquia where speakers are heard in pleasant surroundings. Under the Chairmanship of Dr. John T. Potts, the subcommittee charged with organizing these activities has offered four such colloquia this year. All of these have been very well received. They included the following: "The Road Not Taken — Pasteur as He Might Have Evolved," Dr. Rene J. Dubos; "Search for the World's Oldest People," Dr. Alexander Leaf; "Schizophrenia — Myth or Mental Illness?" Dr. Seymour S. Kety; and "Whither Neuroscience?", Professor F. O. Schmitt. Further means for amplifying communication within the hospital are being explored.

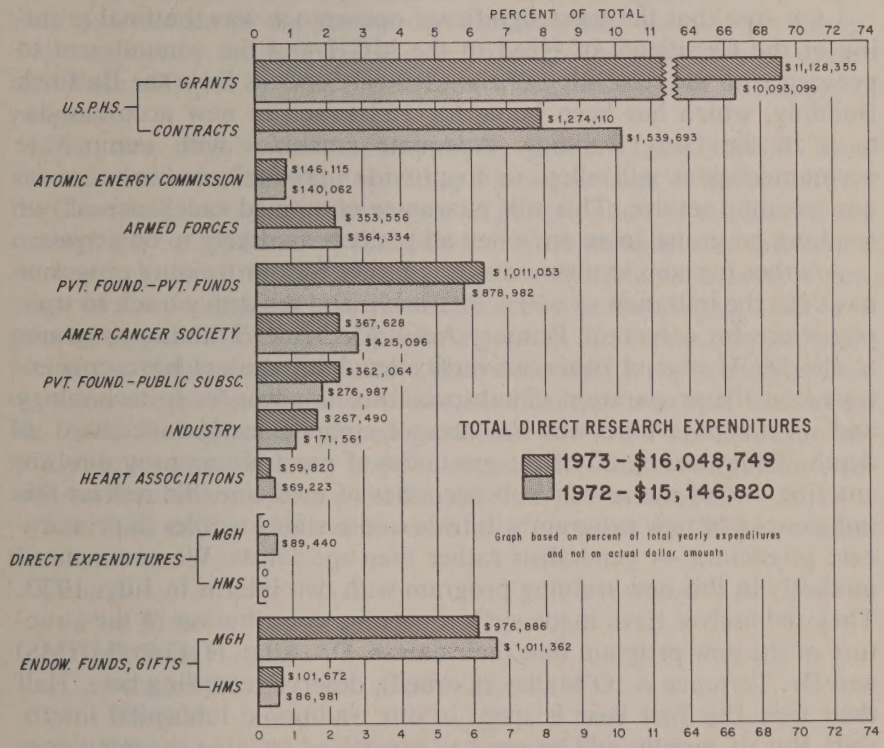
Committee Changes

As will always be necessary in a vital institution, not only does the membership of committees change but some committees are discontinued as others are initiated. The Subcommittee on Computer Service to Research was discontinued this year with gratitude to its members and its Chairman, Dr. Steven W. Matthysse. This was done with the understanding that research interests in this field would be carried to the hospital's Computer Committee by two members nominated by ECOR. It was felt that this activity is now on a stable basis in the research area, that adequate consultation advice is available to investigators, and that the principal responsibility remaining will be the need to be sure that investigators are aware of the availability of expert advice, including the welcome help of Dr. John Gilbert of the Harvard Computing Center and Mr. Edward M. Kaplan, who is giving full time as a member of the hospital staff. The discontinuation of the Bioengineering Subcommittee of the General Executive Committee made it avisable to activate a subcommittee of COR on this subject as it bears on research. This new Subcommittee on Bioengineering, under the Chairmanship of Dr. William H. Harris, will be charged with generating advice regarding the optimal way in which our excellent bioengineering facility can be of aid to research workers, always considering its heavy service role in the hospital. Also, the ways in which the many bioengineering resources of the surrounding Boston community may be of help to our investigators will be considered.

As this first calendar year of my term as Chairman of COR draws to a close, I would like to acknowledge the unfailing and selfless exertions of all in the Research Office and especially of Miss Laura M. Patterson, who retired this year after more than 15 years of devoted service, receiving the accolades of her many friends in the MGH.

PAUL S. RUSSELL, M.D.
Chairman, Committee on Research

DIRECT RESEARCH EXPENDITURES FOR 1973



Report of the Medical Services

1973 has been a year of anticipation for the Medical Services. Change has been in the air, sometimes only a light breeze with sudden gusts to indicate the power behind the gentle touch and sometimes at full gale strength so that we have had to clutch tightly to preserve what we held dear in the care of patients, teaching and research!

I am sure that the most significant occurrence was the final granting of the Certificate of Need to the MGH and the commitment to proceed with the relocation of the Medical Services from the Bulfinch Building, which has been home for 153 years, to new accommodations in the Gray Building. Adequate amenities with semiprivate accommodations will allow us to provide "private" medical care on our teaching service. This will guarantee continued excellence of our teaching programs in an era when all patients are likely to be private.

Another big step to assure a strong future for our training programs has been the initiation of a new internship and residency track to train physicians for careers in Primary Adult Medicine. Training programs at the MGH and at other university teaching centers have concentrated on the preparation of subspecialists as advances in technology and science have narrowed our area of competence but increased its depth. Today nearly all of the graduates of our training programs are entering one of the several subspecialties of medicine. To redress this imbalance our new program will train house staff for roles as primary-care physicians — generalists rather than specialists. We commenced modestly in this new training program with two interns in July, 1973. They themselves have made such a positive contribution to the structure of the new program that their names, Dr. Allan H. Goroll (HMS) and Dr. Terrence A. O'Malley (Cornell), deserve recording here. Half their time this first year is spent in our traditional inhospital internship. But six months will be spent in supervised training in ambulatory medicine. They will work largely in the setting of the Ambulatory Medical Clinics supervised by the Internal Medicine Associates, a group practice comprised of staff physicians of the Medical Services. Additional experience in ambulatory practice will be obtained in the Emergency Ward and through special instruction generously provided by our Orthopaedic, Psychiatric, Gynecology, Dermatology, and Eye and Ear Services. Drs. John D. Stoeckle and Stephen E. Goldfinger jointly direct this program. The Robert Wood Johnson Foundation is providing support commencing July 1, 1974 for trainees and instructors working in the program. Two more trainees will enter this train-

ing program next July as the initial trainees enter their second and last year of training.

Meanwhile the specter of termination of all NIH Training Grants has created concern for the future of any subspecialty training. The hospital administration has generously offered to add a quota of 26 additional senior residents to fulfill the patient-care services provided by our subspecialty units through their fellows. The current fellows involved in clinical training number 63 and the figure 26 is the full-time equivalence of the patient-care services they are now providing. This support by the hospital during 1974-75 when all training grants terminate will give us time to seek new means to stabilize this essential program.

The new regulations accompanying Public Law 92-603 have caused us to re-examine the teaching and supervision of house staff on the Teaching Service and the degree of participation of the staff in the management of patients on that Service. After considerable discussion we have elected to experiment on the four Bulfinch wards with new ways of conducting our visit system to involve the visiting staff to a greater degree in the care of patients with as little reduction as possible of the highly responsible role the house staff have in patient care on these wards. A committee of the Medical Services staff headed by Dr. A.W. Karchmer developed guidelines for the trials that are currently in progress. It is my hopeful expectation that both patient care and our teaching programs will benefit from these changes.

The Staff of the Medical Services as of October 1, 1973 consisted of

Clinical	
Part Time	74
Full Time	
Academic	61
Clinical	14
	149
Nonclinical	33
Total Staff	182
Clinical and Research Fellows	126
Visiting Fellows	6
Total	132
House Staff	49
Total Medical Staff	363

The cost for support of this staff is as follows:

1. Total Academic and Clinical Full Time	(75)	$1,508,259
2. Part Time	(74)	213,376
3. Nonclinical	(33)	590,410
4. Total Clinical and Research Fellows	(126)	1,040,661
5. Total House Staff	(49)	549,700
		$3,902,406

Of these salaries $415,506 comes from Hospital General Funds for a variety of patient-care and administrative activities and the $549,700 for house staff also comes from Hospital General Funds. A smaller amount comes from the Harvard Medical School and the remainder from a large spectrum of outside funding sources from which there is no extended commitment to us. My concerns over this tenuous fiscal base for the Service which brings most patients into the hospital, provides the largest ambulatory services, and does the most teaching and research have been aired repeatedly in the past, and the decreasing government support for teaching and research only aggravate my insomnia.

The closing of the Harvard teaching services at the Boston City Hospital increased considerably our teaching commitment to the Medical School. Eighty-one students had their Principal Medical Clerkship with us in the year October, 1972 to October, 1973. The Introduction to the Clinic Course was given at the MGH to 72 students last year. The MGH provides nearly half the total clinical teaching in Medicine now for the Harvard Medical School.

One major loss to the Medical Services was incurred when Dr. Daniel D. Federman, Physician, resigned to accept the Chairmanship of the Department of Medicine at Stanford University Medical School. He departed with all our best wishes.

Yes, it has been another very busy year for the Medical Services, but we wouldn't have it otherwise.

ALEXANDER LEAF, M.D.
Chief of Medical Services

Report of the Board of Managers of the Medical Clinics

The 1972 experiment to join two old organizations, private practice and a traditional OPD Medical Clinic, into a teaching group practice has continued with changes in staff, fiscal accountability, census, teaching programs, physical environment, and the ambulatory screening clinic.

Staff

As a result of this reorganization, the number of medical staff working in the IMA (formerly General Medical Clinic) has again been reduced. Comparing the years 1971-72 to 1972-73, the reduction is 27 percent. In 1971-72 the medical staff numbered 74 (8 IMA physicians, 30 clinical fellows, and 36 house staff), while in 1972-73 the staff numbered 53 (13 IMA physicians, 38 house staff and 2 clinical fellows). The increase in house staff was the addition of the first two interns in the Primary Care Program, Drs. Allan H. Goroll and Terrence A. O'Malley. While the medical staff has been reduced, the number of support staff has risen 50 percent from 6 to 12, permitting the practice to provide for the typing of some records and hospital billing. The nursing staff was increased from 6 to 8 with the addition of Elizabeth Campana and Jean Granger, which helped to make up effective teams in the Primary Care Unit. Six nurses have completed a formal nurse-practitioner training program and now conduct one or more of their own sessions of patient care.

Among physicians professional satisfaction with this reorganization is evidenced by the successful recruiting of staff to join the group practice; among nurses, by the low turnover rate. Morale has been good and all staff have shown a generally positive attitude toward the changes which have been made. The matrix organizational structure has improved understanding between medical staff and administration and increased commitment to common organizational goals and objectives.

Fiscal Analysis

At a time when organizational change so often requires funding, the reorganization of the clinics private practice was accomplished without outside subsidy for start-up costs. The decentralization of responsibility for the budget to the Board has provided an incentive to

maintain a close scrutiny over the fiscal aspect of practice. This scrutiny resulted in an 80 percent reduction in the complex's operating deficit in the first year. It is hoped that the operating deficit can be essentially eliminated in the fiscal year 1973. However, one barrier to the achievement of this goal continues to be the cost of teaching.

Census

The number of patient visits to the practice rose from 21,878 in 1969-70 to 24,867 in 1972-73, an increase of 14 percent due to the greater productivity of IMA physicians compared with the larger staff working under previous part-time arrangements. Nurse-practitioner visits in 1972-73 were 2,311 or 9 percent of the practice census.

Teaching Programs

Resident staff, medical and nursing students work in the IMA group practice. Teaching programs include (1) supervision of interns during their weekly session in the practice; (2) a second and third year course for students, Introduction to the Clinic; (3) electives in Ambulatory Care for third and fourth year students; (4) an internship-residency program in primary care for two interns; and (5) clinical training for nurse-practitioners. Since all the instruction cannot be provided by members of the practice, other departmental staff continue to participate.

Of these programs, the primary care medical internship in particular defines the IMA group practice as a teaching practice. Departing from current training programs that are largely hospital-based with hospital rotations in the medical subspecialties, the primary care internship is more ambulatory-based with ambulatory rotations in both surgical and medical specialty clinics. Six months are spent in the regular hospital program and six months in the IMA (Primary Care Unit). During the latter time, the organized rotations consist of half-day sessions each week in orthopedic, gynecology, psychiatry, and dermatology clinics, making the training program an interdepartmental effort. The rationale for these rotations is that these departmental clinics deal with problems commonly seen by the internist doing primary care. The contributions of the supervisors, Drs. Henry J. Mankin and Thorton Brown (Orthopaedics), Dr. Ann R. Barnes (Gynecology), Drs. Harley A. Haynes and Burham E. Lamkins (Dermatology) and Dr. Aaron Lazare (Psychiatry) have been most helpful. In addition, some 20 members of the medical staff and three staff psychiatrists, Drs. W. Anderson, W. Bernstein, and J. Schwartz, participated in rounds and supervision in the program.

Future Space Requirements

Medical Specialty Clinics

During the next year plans have been developed by the Endocrine Unit staff (Drs. B. Kliman, J. Potts, R. Neer, A. Forbes) to organize a teaching specialty practice for both "clinic" and "private" patients. Space for this and other experiments are essential. Hopefully transfer of Staff Clinic to an alternative site will make it possible to house this practice in the Clinics Building.

Ambulatory Screening Clinic

Beginning May 1972-73, the Screening Clinic opened on weekends from 10:00 a.m. to 6:00 p.m. as well as its usual week-day hours of 8:00 a.m. to 9:00 p.m. The census rose from 15,126 to 19,776, an increase of over 30 percent attributed to the additional 5,559 visits on evenings and 1,625 on weekends. Continued problems are the proper allocation of patients for continuing care, the appropriate teaching-supervision in such a unit, and the development of arrangements for nurse practitioners to treat patients. During this year Dr. Robert Friedman with Ms. Martha Langlois and Ms. Joanne Guminski, both of the nursing staff, have been making plans to alter the clinic's working arrangements to meet these issues.

Evaluation

Evaluation studies have so far been limited. Nonetheless, Eric Herzog from the Sloan School of Management, M.I.T., completed a study on Work Relationships in the Delivery of Health Care, An Analysis of the Division of Labor Between Physicians and Nurse-Practitioners in Out-patient Departments, and Dr. Stephen Goldfinger and the Continuing Education Unit conducted a medical audit of the practice of interns and residents.

JOHN D. STOECKLE, M.D.
JAMES J. DINEEN, M.D.
SHARON FOLLAYTTAR, R.N.
LAWRENCE C. WOOD, M.D.
GAYLE E. STONE

Report of the Surgical Services

The Surgical Services have continued to grow and to change during the year of 1973.

Our educational programs at the undergraduate level have been very active. Dr. Charles E. Huggins and Dr. John D. Constable continue to direct respectively the undergraduate courses "Physical Diagnosis" and "Introduction to the Clinics." Dr. Chiu-An Wang has taken over the course "Aseptic Techniques," and Dr. J. Gordon Scannell has taken charge of the "Core Clinical Clerkship in Surgery" course. There have been a number of innovations in the "Core Clinical Clerkship" course, and the students have indicated to us a quite favorable response. While the required eight-week surgical course in the principal clinical year gives students at Harvard Medical School satisfactory exposure to surgery, we continue to believe that a twelve-week rotation would provide a more balanced surgical course. We are hopeful that the Harvard Curriculum Committee will ultimately favor this approach.

The residency program in surgery continues to be very active. Dr. Leslie W. Ottinger is in charge of this program, and Dr. William M. Abbott has recently joined him to help and to advise the residents. Many candidates seek admission to the program, and we are proud of the high calibre of the young men and women who are accepted each year. Of the 14 first-year residents in 1973, eight were from Harvard, two were from Cornell University, and one each came from Johns Hopkins University, the University of Alabama, the University of Chicago, and the University of Pennsylvania.

Greater flexibility in the training of surgical residents has become possible in the specialized programs in plastic surgery, cardiac surgery, and thoracic surgery under the auspices of the General Surgical Services. The Thoracic Service is under the direction of Dr. Hermes C. Grillo. Patients in the Thoracic Service are located on Baker 10. Experienced anesthetists and an operating room especially equipped for thoracic surgery are available. These facilities and a program of regularly scheduled thoracic rounds have resulted in better teaching and improved patient care. A similar program in vascular surgery is now being organized.

The number of patients treated by the General Surgical Services on White 6 and 7 continues to be high. We are presently devising methods to improve communications between the residents, the visiting

staff, the patient's family, and the referring physicians. In the area of education, we are working on ways to bring about closer cooperation between residents and staff.

The operating rooms in both the Gray and the White buildings are fully and heavily utilized. The Baker operating rooms have been renovated and expanded to meet the increased operating demands. Additional operating rooms are planned in the Gray Building in the future. Dr. Marshall K. Bartlett was appointed surgical director of the operating rooms during this past year. He works with representatives from anesthesia, nursing, and administration to improve the scheduling and utilization of the operating rooms, and this group has done an outstanding job.

The Emergency Ward has recently been renovated. The results should mean improved patient care for all services. Dr. Earle W. Wilkins continues as the administrative head of the Emergency Ward.

The Surgical Services in conjunction with the Department of Continuing Education of Harvard Medical School offer postgraduate courses in general surgery, gastrointestinal surgery, cancer, cardiac surgery, trauma, and thoracic surgery. These courses are at the postdoctoral level, and they are very popular. During 1973, we have also had 36 graduate students working as clinical and research fellows with members of the staff.

During the past year, Dr. Michael B. Lewis joined the staff in plastic surgery. Dr. Benjamin A. Barnes, after many very productive years at the MGH, accepted a fine position at Tufts Medical School as Professor of Surgery and Chief of the Transplantation Program.

We are proud of the achievements of our staff members whose accomplishments have brought them recognition at the national level. Dr. Claude E. Welch is President of the American College of Surgeons; Dr. J. Gordon Scannell is President of the New England Surgical Society; and Dr. Gordon A. Donaldson continues to serve as a governor of the American College of Surgeons.

I would again like to express my appreciation to the Surgical Staff, the Surgical Resident Staff, the other services at the MGH, and the Administration for their generous help and support.

W. GERALD AUSTEN, M. D.
Chief of Surgical Services

Report of the Children's Service

The past year has been a busy, productive, and as always challenging one for the Children's Service. Bed occupancy on the Burnham floors has been at or near capacity most of the time, a reality which has not always been reflected in hospital occupancy statistics due to quirks in the reporting system as applied to pediatric patients. In these connections it is noteworthy that the demand for care in the Pediatric Intensive Care Unit on Burnham 6 has increased strikingly in the past year. Despite our policy of returning these patients to their referring hospital immediately after their critical care problems have been resolved, it has been necessary to send three to seven new referrals per week to other hospitals because of full occupancy here. Much the same problem has existed in relation to admitting patients to Burnham 4 and 5. A goodly number of these children have been boarded or otherwise placed in other parts of the hospital with the result that they have not been in a position to benefit from the resources developed by the hospital specifically to meet the special needs of young patients both physically and socially. Means are being sought to develop arrangements whereby all child patients under 18 years of age can be handled within the framework of the Burnham Division.

During the past year several of our senior staff have accepted distinguished posts at other institutions. Two of these changes, Dr. John P. Connelly's appointment as Professor and Chairman of the Department of Pediatrics at Loyola University and Dr. Joseph B. Warshaw's move to New Haven to become Chief of the Perinatology Unit of the Pediatric and Obstetrical Departments of Yale University School of Medicine, were anticipated in last year's report. In addition, Dr. John W. Littlefield, who held the post of Pediatrician and Chief of our Genetics Unit, has been named Professor and Chairman of the Department of Pediatrics at Johns Hopkins Medical School. Dr. Gwendolyn R. Hogan, who for many years has been an outstanding member of our Pediatric Neurology and Perinatology Group, has accepted the position of Professor of Pediatrics at the University of Mississippi. All these persons have contributed greatly to the evolution of our department as a university teaching service and we shall miss their presence in many ways. At the same time, we are proud that these members of the Children's Service staff have received such meritorious recognition from abroad.

Several of the gaps created by these and other migrations have been filled, and some notable gains in staff strength have been accom-

plished in the past year. Drs. Lewis B. Holmes and Richard W. Erbe, who have been carrying a major portion of the responsibility for the conduct of our Genetics Unit in recent years, will be moving the Unit forward to a new and promising era with Dr. Erbe as its Chief. Dr. Andrew D. Guthrie, Jr. has been named Executive Director of the Bunker Hill Health Center, a role for which he is extraordinarily well qualified by training, experience, and interest. Meanwhile, the void created in the leadership of our intramural ambulatory pediatrics clinics by Dr. Guthrie's move to the Bunker Hill Health Center is being filled ably by Dr. M. Edward Keenan as its acting director. Dr. Patsy B. Cipolloni, a recent graduate of our residency training program, has been named Head Pediatrician of the new MGH Chelsea Health Center, a task which he is undertaking with imagination and energy. After many trials at covering our need for pediatric infectious disease expertise from within, we have arranged to have two pediatric infectious disease experts, Dr. Jerome Klein and Dr. Yhu-Hsiung Lee, both of the Harvard Pediatric Faculty, the Boston City Hospital Channing Laboratory, and the Boston University Department of Pediatrics at the Boston City Hospital, join our department on a part-time basis. This arrangement has been working very well thanks to the strong support given it by Dr. Morton N. Swartz as head of the Infectious Disease Unit of the MGH, Dr. Edward H. Cass as head of the Channing Laboratory at the Boston City Hospital, and Dr. Joel Alpert as chairman of the Boston University Department of Pediatrics at that hospital. We believe that this type of inter-institutional collaboration is worthy of further exploration and development.

Our service has also been strengthened by the addition to the membership of other MGH services physicians highly qualified in the pediatric aspects of their specialty. These include the addition of Dr. Patricia K. Donahoe to Dr. W. Hardy Hendren's General Pediatric Surgical Group, Dr. A. Benedict Cosimi to the Surgical Transplantation Group, Dr. S. Susan Kramer to Dr. Juan M. Taveras's Radiology Group, and Dr. Rita Linggood to Dr. Herman D. Suit's Department of Radiation Medicine.

Meanwhile, all other service research, teaching, and administrative activities are continuing at a rapid pace and with constructive results. Since many of these were discussed in some detail in our report of last year, in the interest of brevity they will not be elaborated upon further at this time except to mention one other important item. We are presently engaged in a major new, top priority exploration of ways and means to revamp the Ambulatory Division of our service so as to

make it so attractive, efficient, and interesting as a place to take care of patients, to teach and train residents, fellows, and medical students, and to conduct research on problems germane to laboratory medicine as to make it strongly competitive with the inpatient divisions of major MGH teaching services. We are pleased to report that Dr. Ronald R. Benz, who is presently Chief Resident on the Children's Service, will become head of our ambulatory division and leader of this reorganization as of July 1 of this year.

In accordance with past custom, research activities and accomplishments will be summarized in the annual MGH Research Activities Booklet.

NATHAN B. TALBOT, M.D.
Chief of the Children's Service

Report of the Department of Pathology

In last year's report, which I had expected to be my last, I summarized the activities of the department during the past 25 years. Hopefully, my successor will be appointed before next year's report is due!

As is often true when a new department head is to be chosen, the question of space was reviewed. Fortunately, the administration has agreed with the members of the Search Committee for my successor that the space for both patient care and research activities, which has not only not increased but has actually decreased since we moved into the Warren Building in 1956, is woefully inadequate. As of July 1974 additional space in other areas will be made available for the next few years until the upper floors in the Warren Building are vacated after the new Ambulatory and Doctors Office Building is constructed. I am happy to report that the Cytogenetics Unit under Dr. Leonard Atkins has been able to get new space on Burnham 7 to move into larger quarters.

Because a lame-duck Chief of Service should not add new staff members to a department, there have been no changes in professional personnel. In the nonprofessional category, Mrs. Marion Gaines, after 34 years of service in the Tissue Laboratory, retired this year. She had been head technician since 1956. She continues, however, part time, helping Miss Bette J. MacLeod, who succeeded her. Another long-time employee in the laboratory is Mr. Walter Havey, head diener, who also retired this year after 20 years of service. His successor is Mr. Joseph Stukas, the assistant head diener, who has been with us for 10 years. Mr. Havey is continuing on a part-time basis. In addition to these two retirees, there are now 8 employees who have worked here for over 5 years, 11 for over 10 years, one for over 20 years, and one for over 30 years. Longevity seems to be the rule in our department.

Most of the research in the department is related to human disease, and it is often carried on with members of the clinical services. For example, Dr. Gerald Nash in association with Dr. Warren M. Zapol of the Department of Anesthesiology is studying acute respiratory failure resulting from interstitial edema and fibrosis of the lungs. An inhibitor of collagen synthesis will be administered to animals with interstitial edema and fibrosis, produced by prolonged exposure to toxic concentration of oxygen, in an attempt to impede or prevent the development of pulmonary changes. Dr. Nash is also collaborating with the Burns Unit in studying the pulmonary effects of the inha-

lation of smoke derived from a variety of natural and synthetic materials.

Dr. Robert E. Scully and Dr. Stanley J. Robboy have continued their research with Dr. Arthur L. Herbst, of the Department of Gynecology, on the vaginal and cervical abnormalities, including carcinoma, related to prenatal exposure to stilbestrol. They are responsible for all the pathological studies of the cancer cases in the Registry of Clear-cell Adenocarcinoma of the Genital Tract in young female patients, now a total of approximately 200. Another phase of their studies has been to define and quantitate the genital-tract abnormalities, including adenosis, in girls exposed to stilbestrol. Some of these patients are now being treated prophylactically. A manuscript on the results of the first group of patients so treated was awarded the Foundation Prize of the American College of Obstetrics and Gynecology.

Dr. Sanford I. Roth, using antibodies to parathyroid hormone in collaboration with the Endocrine Unit, was able to definitively identify by immunocytochemistry the secretory granules as the storage site of parathyroid hormone. Dr. James J. Galdabini, in collaboration with Dr. Stanley Baum of the Department of Radiology, is studying vascular lesions of the ascending colon associated with bleeding by correlating radiopaque injection mass with anatomical study technics. Dr. James J. Daly, working with Dr. George R. Prout, Jr., of the Urology Department, is investigating bladder carcinogenesis in humans and experimental animals. The preliminary results indicate that markedly abnormal isozymic and chromosomal patterns occur in association with high-grade tumors; patterns occurring in atypical-appearing urothelium and in low-grade lesions are also changed, albeit to a lesser degree. They are also continuing their studies on the immunologic aspects of neoplasms of the urinary tract in man. The results so far indicate that the efficacy of autochthonous lymphocytes is considerably greater than that of allogenic lymphocytes in the destruction of tumor cells. Dr. Jeffrey S. Ross, working with Dr. Ronald A. Malt at the Shriners Burns Institute, has completed the study of the effects of total splanchnic evisceration on compensatory renal hypertrophy. Ongoing work begun last year is a project detailing autoradiographic changes in the kidney during the early phases of compensatory hypertrophy.

The Immunopathology Unit, under the direction of Dr. Harold F. Dvorak, has continued its dual function of basic research and patient care. Studies with transplantable hepatomas in guinea pigs revealed that basophilic leukocytes were involved in the immunologic rejection of tumor cells. Thus, tumor rejection is added to the growing list of cell-

mediated immunologic reactions in which basophils have a prominent role. The finding of basophilic leukocytes in a variety of delayed types of hypersensitivity reaction apparently accounts for the long-known observation that these cells contain markedly elevated concentrations of histamine, and it has been possible to correlate the histamine content with the basophil frequency in a variety of cell-mediated reactions. A major accomplishment in the past year has been the completion of a comprehensive morphologic description of delayed hypersensitivity reactions on more than 100 human volunteers. These studies, performed with Drs. Martin C. Mihm, Jr., Ann Dvorak, Richard A. Johnson, and Robert B. Colvin, have revealed a number of new and important features, including, in addition to basophil infiltration, degranulation of basophils and fixed-tissue mast cells, hypertrophic obliterative vascular endothelial changes, and deposition of fibrin in the dermis. This work has emphasized the need for studies in man, since most of these changes are not obvious in animal models. The finding of fibrin deposits is of particular import since it at once implicates the clotting system in cell-mediated immunity and provides a reasonable explanation for the induration that is characteristic of these and other inflammatory reactions. These findings with defined antigens will now serve as a foundation for subsequent studies involving more complex processes, such as allograft rejection and the response of the host to spontaneously arising tumors, particularly malignant melanoma. Other studies with Dr. Colvin have revealed that basophilic leukocytes participate in the rejection of renal allografts in man. Basophils had not previously been recognized in these reactions because specialized morphologic technics, developed by Dr. Dvorak, are necessary for their visualization.

Studies with Dr. Mary E. Hammond, a research fellow on our training grant, have extended earlier observations stemming from her discovery of a new lymphokine that causes macrophages to increase greatly their incorporation of glucosamine into cell-coat material. It has been possible to isolate the factor responsible for causing enhanced glucosamine incorporation in supernatants of lymphocytes grown in the presence of a specific antigen. Other studies performed with Drs. Hammond and Ann Dvorak in collaboration with Drs. Richard O. Roblin and Paul H. Black of the Infectious Disease Unit have shown that SV40 virus-transformed fibroblasts, as compared with their untransformed counterparts, elaborate migration-inhibition-factor (MIF) with an activity that inhibits macrophage migration and causes macrophages to aggregate and lose one type of cell-coat material. Transformed cells themselves lack this cell-coat material relative

to 3T3 cells. These observations offer strong support for our earlier suggestion that there may be a relation between MIF, the cell coat and cell migration and a molecular basis for the loss of contact inhibition, which is a feature of malignant tumor cells.

Last March Dr. Harold Dvorak was invited to participate in an International Symposium of the Collegium Internationale Allergologicum in Basel, Switzerland. At that meeting he summarized the work of his group over the past few years, which has extensively altered prior conceptions of the morphology of cell-mediated reactions in animals and man. This work is now well known, and cutaneous basophil hypersensitivity, a phenomenon originally described by Drs. Harold and Ann Dvorak, will be one of the featured topics at a forthcoming International Immunology Symposium in England.

Dr. Robert L. Trelstad continues his research in the developmental biology laboratory under the direction of Dr. Jerome Gross. He has shown that there are two types of collagen, skin or bone collagen (Type I) and cartilage collagen (Type II). He is currently attempting to establish chondrocytes in culture from various stages of development and to study the kinds of collagen synthesized by the cultures under various conditions. His pathological studies also include investigating the connective tissues in cancer, atherosclerosis, and congenital anomalies. He has already shown that the type of collagen in the scirrhous cancers of the breast is Type I collagen and has now embarked on a study of the effects of cells from human breast cancer on fibroblasts *in vitro*. With Dr. Gross he is investigating connective-tissue tumors, with characterization of the collagen species in the tumor, which may help in defining the cell type of the sarcoma.

Dr. Kilmer S. McCully has continued his work on the experimental production of arteriosclerosis in animals given homocysteine derivatives. During 1973 the chemical structure of trophosine, a new oxidized homocysteine derivative with growth-hormone activity, was established as the sulfone of homolanthionine. The relation of this substance to the action of growth hormone was shown both by the promotion of growth and by the appearance of sulfation factor activity in hypophosectomized rats given trophosine. Another synthetic derivative of homocysteine, the perchlorate salt of homocysteine thiolactone, was found to affect the growth of transplanted mouse adenocarcinoma. With the use of this new perchlorate salt homocysteine thiolactone was found to be a metabolic product of methionine metabolism and to be bound in some way to the lipid phase of liver. These discoveries have led to the synthesis of a series of new homocysteine derivatives by Dr. Pierre Clopath, a research fellow from Fri-

bourg, Switzerland. These derivatives are formed from membrane-bound constituents, such as vitamin A and spermine, and the biologic activity of these new compounds is currently being evaluated.

Dr. James B. Caulfield, working in his laboratory in the Shriners Burns Institute, found and characterized the protein fiber associated with hyaluronic acid. This fiber is present in four different tissues and three separate species. The existence of this protein has been postulated and searched for during the past 30 years. The form and physical and chemical properties of this fiber are unique and provide a good explanation for many physical properties of hyaluronic acid.

Dr. Martin C. Mihm, Jr., who is in charge of our dermatopathology unit and is co-chairman of the National Malignant Melanoma Cooperative Group supported by the National Institutes of Health, has completed one year of study and assessed 179 cases under the auspices of four cooperating institutions. This group has mobilized a team of immunologists, chemotherapists, dermatologists and pathologists to attempt to design a therapeutic protocol for cases of malignant melanoma. In addition to the work already mentioned on allergic contact dermatitis in collaboration with Dr. Dvorak, he has also studied extensively with Dr. John C. Long, one of our research trainees, generalized mycosis fungoides with visceral involvement, and they have described criteria for the diagnosis of mycosis fungoides lymphoma in viscera and lymph nodes as well as in the skin.

Dr. Long, working with Dr. Paul C. Zamecnik and Dr. Alan C. Aisenberg in the Huntington Laboratories, has been studying tumor antigens in tissue cultures derived from the spleen of patients with Hodgkin's disease. By immunofluorescence the antigen was located both on the cell surface and within the cytoplasm, but not the nucleus, of cells from Hodgkin's disease cultures. The Hodgkin's disease tissue-culture antigen has not been demonstrable in *noncultured* Hodgkin's disease tumor tissue, and the antibody to noncultured tumor did not cross-react with the tissue-culture antigen. Thus, the Hodgkin's disease antigen is intimately associated with the propagation of the tumor in monolayer cultures. He has also studied the cell surface immunoglobulins in chronic lymphocytic leukemia and allied disorders.

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

The statistics of the diagnostic examinations are as follows:

	1972			1973		
	MGH	Out-side	Total	MGH	Out-side	Total
Autopsies performed	819	133	952	767	13	880
Autopsy percentage	66%			59%		
Surgical Specimens	16,262	4284	20,546	15,692	6790	22,482
Microscopic Preparations			107,528			113,853
Cytological Specimens	23,489	1270	24,759	24,192	1419	25,611
Cytogenetics	178	703	881	193	1,046	1,046

Report of the Department of Psychiatry

INTRODUCTION

During 1973 the Department of Psychiatry continued to direct considerable attention to the delivery system for mental health services. Towards this end direct and indirect services are provided on psychiatric, medical, and surgical wards; in walk-in clinics and community mental health centers; and by teleconsultation.

Both the basic research laboratories as well as the clinical services are engaged in wide-ranging studies of the biological, psychological, and social causes of mental illness with the ultimate hope of increasing the effectiveness of psychiatric treatment.

MAJOR CLINICAL AREAS: SERVICE, TRAINING, RESEARCH

Inpatient Psychiatric Service (Director, John C. Shershow, M.D., Chief Resident, Albert V. Vogel, M.D., Clinical Leader, Ann Kennedy, M.S.N., Head Nurse, Jaqueline Sears, R.N., Chief Social Worker, Ann Daily, M.S.W., Occupational Therapist, Judy Gelfand, O.T.R.)

The Inpatient Psychiatric Service, a 21-bed facility, has undergone several changes during this past year. A new director (Dr. Shershow) was appointed in July. A new head nurse, Jaqueline Sears, was appointed in October, and a new occupational therapist, Mrs. Judy Gelfand, was appointed in April. A wide variety of psychiatric disorders are treated on the ward, including referrals from the medical and surgical floors, emergency as well as elective admissions from the Outpatient Department and Acute Psychiatric Service, and referrals from the private medical and psychiatric staff of the hospital. This greater stress on short-term care during the latter half of 1973 has been accompanied by a nearly 50 percent increase in patient admissions per month. Concurrently, the average length of stay during the latter half of the year has decreased by nearly a full week to an average stay of approximately 24 days.

During the latter half of this year numerous research projects have been initiated utilizing the facilities and patients on the ward. The effect of the important new psychiatric drug, Lithium, on renal function has been studied collaboratively with the Renal Service of the hospital. Another study has been initiated which compares perceptual and cognitive differences in various types of schizophrenic illness

based on psychological testing of schizophrenic patients admitted to the Service.

Consultation Service (Drs. Thomas P. Hackett, Avery D. Weisman, Edwin H. Cassem, Benjamin R. Gill, Thomas F. Dwyer, Frederick G. Guggenheim, Alfred J.R. Koumans, Danuta M. Stachiewicz, William F. McCourt, Dietrich Blumer, Michel R. Mandel)

The Psychiatric Consultation Service continues to see approximately 3,000 medical and surgical patients a year. About one-fifth of them are from the Harbour Area. Our concept of treatment in liaison psychiatry consists of two parts. First is the use of direct intervention techniques such as short-term, reality-oriented, limited-goal therapy, drug therapy, hypnosis, and other somatic treatment methods. Second, the resident must provide ways of helping the medical and surgical staff understand how emotional difficulties contribute to the patient's disease. Our intention is to help the staff use the psychological knowledge taught them to effect better patient care.

During 1973 the Psychiatric Consultation Service was engaged in the following areas of research:

1) Myocardial Infarction (Drs. Thomas P. Hackett, N.H. Cassem, Harold W. Ward, Jr., David Sheehan; Miss Elizabeth Silverberg). We are now in the seventh year of investigating the emotional responses of patients to having a heart attack. Our attention has been directed to three areas: (1) The prehospital phase in which patient delay is the principal object of study. (2) The hospital phase wherein we investigate the manner in which the patient responds to hospitalization and the knowledge that he has sustained an MI. (3) The convalescent phase in which the patient copes with the problems of returning to a modified pattern of living.

2) Medical Hypnosis (Drs. Thomas P. Hackett and Miriam Tasini). A seminar on medical hypnosis is given twice a year by Dr. Hackett. The emphasis is on teaching methods of induction as well as indications and contraindications for its application in medical, surgical and psychiatric patients.

3) Chronic Pain Syndromes (Drs. Dietrich Blumer and Thomas P. Hackett). An ongoing project on the evaluation, diagnosis, and management of chronic pain syndromes continues in conjunction with the neurosurgical department.

4) Biofeedback Control of Raynaud's Disease (Alan Jacobson, M.D., Elizabeth Silverberg, M.A., Thomas P. Hackett, M.D.). Work has been done utilizing the Cyborg biofeedback training device in an

attempt to teach patients with Raynaud's Disease to raise the temperature in the affected extremity.

5) Cardiac Catheterization (Gail Ross and Thomas P. Hackett, M.D.). A project studying the coping patterns of patients to the stress of cardiac catheterization is being conducted.

6) Hyperalimentation (Dr. Ned H. Cassem). This project has been mounted in conjunction with Miss Rita Colley, R.N., and Miss Karen Phillips, R.N., hyperalimentation nurse specialists, and Dr. Ronald Abel of Surgery, to study the emotional impact on patients being deprived of all oral input, food and drink.

7) Electroconvulsive Therapy (Dr. Michel R. Mandel). The Electroconvulsive Therapy Consultation Service, established in November 1972, has continued to provide comprehensive psychiatric consultation and treatment to carefully selected patients on both the Psychiatric Unit and in general hospital wards. The Unit is located on the Baker 11 transient floor and is under the direction of Dr. Michel Mandel. The most modern unilateral and anesthetic techniques are employed, and anesthesia is provided by Dr. Roger Morris of the Department of Anesthesiology. During 1973, Dr. Mandel and two senior psychiatric residents on elective saw 132 patients in consultation, and of these, 47 were treated by ECT.

The private division of the Psychiatric Consultation Service was established in July, 1969 to make more readily available to the semi-private and private medical and surgical services (1) emergency psychiatric consultations, and (2) long-term integration of the psychological management of the "difficult patient." Under the leadership of Dr. Frederick G. Guggenheim the Private Consultation Service provides direct clinical care to patients in the Baker Memorial and Phillips House at the request of the patient's physician.

There continues to be an increase in the number of patients seen in consultation. During 1973, there were 297 patients seen in inpatient consultation by staff psychiatrists.

Research interest is currently focused on suicide in terminal illness and theory and practice of consultation in psychological medicine.

Adult Outpatient Psychiatry (Drs. Aaron Lazare, John Renner, Joseph Schwartz, Sidney Green, Eleanor Hanna, Charles Mullin, Sherman Eisenthal)

The Acute Psychiatric Service provides walk-in service between 9:00 a.m. and 5:00 p.m., Monday through Friday, and emergency care 24 hours a day, seven days each week. Emergencies are seen in the hospital emergency ward. During the average week, 200 patients

are treated in the Acute Psychiatric Service, including 40 patients new to the Service. All new evaluations are performed by resident psychiatrists with follow-up care provided by residents, psychologists, social workers, and students of various disciplines. The APS attempts to provide rapid evaluation and emergency management or brief therapy to all its patients.

The Alcohol Clinic provides evaluations and long-term treatment for individuals with alcohol-related problems. Approximately three new patients are seen for scheduled evaluations each week, and more than 50 patients are seen weekly for individual and group psychotherapy. The staff also provides consultation to other clinics and inpatient units in the hospital. Last year the Clinic's staff worked with other community agencies to develop plans for the Harbor Area Alcohol Detoxification facility which is scheduled to open in February, 1974 in East Boston. This facility will provide detoxification for many individuals seen in the Acute Psychiatric Service and the emergency ward, and will also be a source of referral to our Clinic for long-term outpatient psychiatric care.

During the third year of its operation, the Street Youth Program, which was formerly a joint operation with the Department of Pediatrics, has become a unit of the Department of Psychiatry. A variety of services, including crisis intervention and referral and long-term individual and group counseling, is provided to adolescents and young adults. A major focus of the program has been our work with heroin addicts. Last year the outpatient methadone detoxification program was expanded to include a long-term detoxification component, which appears to better serve the treatment needs of our patient population.

The psychiatry III Clinic continues to provide in-depth evaluations and various forms of long-term therapy as individual needs dictate. Preference is given to interclinic referrals. A study under the auspices of Dr. Ballenger is underway concerning phobias and their response to antidepressants.

The Psychopharmacology Clinic, organized in 1971, has been expanded to two afternoons per week. Patients are seen there primarily for regulation of psychotropic medications. The patients first meet in a large group setting before being seen by a therapist.

Child Psychiatry (Drs. John H. Lamont, Richard R. Peebles; Miss Grace Nicholls)

During 1973 the number of cases referred to the Child Psychiatry Unit remained essentially the same. The number of cases in treatment increased so that about 140 cases are in therapy at any given time.

Increasingly the population contains more families on AFDC and ones where one or the other parent is absent. The number of people seeing children has also increased — psychiatrists, residents in psychiatry, psychologists, psychology trainees, social workers, social work students, and medical students. There are about 70 people carrying treatment cases at any given time. The limiting factors are space and supervisors. But the demand for treatment remains high; most other clinics have long treatment waiting lists, which we have not had. A variety of modes of treatment have been used — psychotherapy, casework, medication, family therapy, and on occasion group therapy.

Psychology Service (Dr. Sherry B. Autor, Dr. Richard R. Peebles, Dr. Linda Wasserman; Ms. Anne Alonso, Ms. Beth Wells)

Clinical Psychology is both a clinical service and a training and research group within the Department of Psychiatry.

I. Clinical Services

A. The Psychology Laboratory Psychodiagnostic Service: The Psychology Laboratory provides hospital-wide psychological services for adults and children. Psychological evaluations are offered for assessment of personality and of intellectual functioning, differential diagnosis in questions of organic versus functional etiology, and vocational and aptitude testing. The evaluations are used as aids in diagnosis and treatment planning for medical, surgical, neurological, and psychiatric patients.

B. Evaluation and Psychotherapy: Psychology staff and interns see patients for evaluation and treatment as part of the MGH Outpatient Departments (APS, OPD, and Child Psychiatry) and the Inpatient Psychiatry Unit.

C. Pediatrics: This year the Psychology Service began providing services to children and their families in the Pediatric Clinic. This includes diagnostic evaluation of children and their families whose presentation centers around psychological or behavioral issues.

D. Community Clinics: Psychology staff and interns join the staffs of ELMHC and Harbor Area Community Clinics in providing evaluation, treatment, and consultative services to community patients. This year a major service and training commitment was begun with the MGH and Bunker Hill MHC.

II. Training

A. Psychology staff are actively involved in the training of psychology interns, psychiatry residents, and other professionals at the MGH.

B. Psychology Training Program: Training for professional practice in clinical psychology and community mental health is currently offered to doctoral candidates in clinical psychology and to carefully selected applicants to our Professional Master's Program.

Teaching Medical House Officers (Drs. Thomas F. Dwyer and Louise Dierker).

This program's aim is to provide physicians with additional skills in psychological diagnosis and management that will enable them to detect and respond effectively to emotional disturbances in their patients.

During the calendar year 1973 the program's goals have been facilitated by the use of a portable videotape recorder and of fixed video equipment that is part of teleconsultation. With the permission of the house officer and the patient, interviews may be recorded in whatever medical setting is appropriate and played back on a portable television monitor, allowing a careful examination of the interaction of the doctor and patient on each other.

Teleconsultation and Telepsychiatry (Drs. Thomas F. Dwyer and Kenneth T. Bird)

(1) Teleconsultation: An interactive (two-way audio-visual) television system between Bedford Veterans Administration Hospital and the MGH began operation in March, 1970. The system is being used to provide patient care, teaching, and research in various disciplines. Psychiatric residents and staff have participated both as consultants and trainees in this new technique. Middlesex Community College, located in buildings formerly used by the Bedford hospital, is sharing the system with Bedford.

(2) Telepsychiatry: The interactive television connection between the Medical Station at Logan Airport and the MGH beginning in mid-1969 has been increasingly used for psychiatric evaluation and consultation to individuals and institutions. Beginning in September, 1970, a program reaching out into the East Boston and Nahant communities provided psychiatric consultation to school teachers, probation officers, and others concerned with children. During 1972 new programs included a full semester course in counseling adolescents for 24 East Boston high school teachers for which the teachers are being granted official college credit.

The Bunker Hill Health Center (Drs. Barbara J. Burns, Pattison Esmiol, Helen M. Herzan, Alan M. Jacobson, William H. Sack, Alvin

Simmons, Linda Wasserman; Mrs. Carol Broker, Miss Kathleen DeRemer, Miss Mary Finnegan, Fr. Thomas Panowicz, Mrs. Ellen Sherman, Mr. Hank Sikkema, Miss Sue Tulchin, Miss Joan Weinstein, Mrs. Bernice Williams, Miss Ann Winton)

The Bunker Hill Health Center is an extention of the MGH in Charlestown designed to deliver comprehensive family-centered health care with coordinated and continuous services available and accessible to all residents of the community.

The Community Mental Health Service has been in full operation for five years. The interdisciplinary staff is made up of the professions of psychiatry, psychology, social work, speech/language, and psychiatric nursing. During the past year the Community Mental Health and Social Service units merged to further integrate clinical, training, community, and research activities. Staff changes include Dr. Simmons' resignation to become Director of Health for the City of New Bedford and Dr. Sack's resignation to join the Faculty of the Medical School at the University of Oregon.

The staff has continued to strengthen a range of evaluative and individual and group therapeutic services. Among 1,000 patients seen, problems presented most frequently were depression, marital conflict, and child management. The large multi-problem family accounts for significant staff investment around which staff are developing crisis, loss, and parent education groups to respond to some of their needs in addition to encouraging involvement in community resources such as the Charlestown Activity Center, the recently opened Kent Community School, and Bunker Hill Community College.

In addition to providing direct services, we have continued to implement preventive screening, early intervention programs, and mental health consultation for community caretakers and institutions.

Harbor Mental Health and Mental Retardation Services (Drs. Klerman, Bryant, Jacobson, Borus, Mandel, Rosenblatt, Curren, Burns, Valle, Trucco, Carl, Abernethy, Reynolds, Lanyon; Ms's Petrick, Warsaw, Cutler, McLean; Mssrs. Levant, Krasner, Chin)

June 30, 1973 marks the third year of operations of the Erich Lindemann Mental Health Center and the Harbor Area program. Under the direction of Gerald L. Klerman, M.D., many of the area programs were expanded and new programs begun during the past year, and the staff and community are proud of this year's achievements. Toward the goal of comprehensive mental health care in the community, the Harbor Area unit at Boston State Hospital was closed and all catchment area patients requiring inpatient services are now treated at the

Lindemann Center. Outpatient services continued to grow this year, while day treatment services have been expanded into the community clinics and will continue to move in that direction. New programs, such as Lind-Amic and the Robert White School are delivering service to previously unserved groups, and training and research functions also continue to grow.

We are committed to developing a comprehensive mental health system that will provide mental health services as close to the patients' homes and as quickly as possible in order to eliminate needless hospitalization. Emphasis is placed on continuity of care and on coordination of services within the mental health system as well as with already established community health and social welfare agencies in order to provide a complete range of mental health services.

During the fiscal year 1973, the following research activities took place at Lindemann Center:

Community Mental Health Follow-up Study (Dr. Barrett and staff): This is the follow-up to a federally funded project to examine the effect of community mental health center programs. In this portion of the study, Lindemann Center has been examining what happens to patients after an episode of psychiatric illness.

Participation in the NIMH Collaborative Study on Depression (Drs. Klerman and Barrett and staff): Dr. Klerman and the Evaluation Studies Section of the Evaluation-Research Unit have participated in the planning stages of the four-center collaborative study on depression which began in the spring of 1973.

Harvard Medical School Collaborative Group for the Study of Affective Disorders (Drs. Klerman and Barrett): Drs. Klerman and Barrett have been participating in the planning stages for a large-scale study examining the biochemical, physiological, and nosological aspects of depressive disorders. Lindemann Center expects to play an active role with the staff of the Evaluation-Research Unit, assuming responsibility for the reliability of clinical assessment at the four participating centers.

EEG Research on Schizophrenic Patients (Dr. Stevens): During the past year, Dr. Stevens' research involved routine EEG recordings, psychological testing, and other means to determine whether organic diseases were causing the mental problems of schizophrenic patients.

Special Studies Clinic (Dr. Mandel and staff): The Special Studies Clinic was formed in June, 1973 under the direction of Michel R. Mandel, M.D. The purpose of the clinic is to provide a forum for clinical research in the Harbor Area on an outpatient basis with the major focus on the affective disorders.

Psychophysiology Lab (Dr. Schwartz and staff): In the last year the Psychophysiology Lab has developed a sensitive procedure for assessing both qualitative and quantitative differences in affective states using facial electromyography (EMG). One study with normals was completed, a replication study begun, and a large-scale study on amitriptyline and depressed patients was organized in collaboration with the Special Studies Clinic.

Rehabilitation (Dr. J. Myers): During the past year, Dr. Julian Myers used space at Lindemann Center to write a book on milieu rehabilitation.

Drugs and Personality (Dr. G. Smith): Dr. Gene M. Smith spent this last year at Lindemann Center doing research on the characteristics of adolescents who become involved in drug abuse. Data were collected from 15,000 students, thus completing the fifth of five years of study. Dr. Smith also participated in the following additional studies during the past year: two acupuncture studies, studies of the effects of hydroxyzine and morphine on pain, studies of the effects of mild oral analgesics on post-partum pain, and studies of the effects of mild oral analgesic-sedative combinations on pain and sleeplessness in post-partum patients.

MAJOR AREAS OF RESEARCH NOT ASSOCIATED WITH CLINICAL SERVICE

Psychobiological Research Laboratories (Drs. Seymour S. Kety, Ross J. Baldessarini, Steven W. Matthysse, Jeffrey M. Gilbert, Joseph F. Lipinski, John Rimmer, Daniel Tarsy, Kenneth Walton, Stanley Watson; predoctoral students, James Macon and Sylvia Gerson)

This program, under the general direction of Dr. Seymour Kety, represents a multidisciplinary approach to the biological substrates of the major mental illnesses through the efforts of individual investigators who approach the problem at basic and clinical levels through the disciplines of biochemistry, physiology, pharmacology, experimental psychology, and genetics.

Studies which are designed to examine the genetic components in schizophrenic illness are continuing under Dr. Kety in collaboration with Drs. Rosenthal, Wender, and Schulsinger. In the approximately 15,000 adults in Denmark who were legally adopted as children, 75 have been identified as schizophrenic. Their biological and adoptive close relatives have been found, and these plus a comparable sample

of control relatives have been studied by search of hospital records and personal interviews for evidence of mental illness. In the sample as a whole and in various subsamples, there is a consistent concentration of schizophrenia and schizophrenia-related illness in the biological relatives of schizophrenics, but not in their adopted relatives. This presumptive evidence for the operation of genetic factors is validated by a similar concentration of schizophrenia in the biological paternal half-siblings of adopted schizophrenics as compared with their controls.

Biochemical studies on schizophrenia are being conducted by Dr. Lipinski in collaboration with investigators within and outside the laboratory. These have centered on the study of certain biogenic amines which may be implicated in that disorder. Using a newly developed sensitive and specific enzymatic assay for histamine and more rigorous clinical classifications and controls, the possibility that altered histamine metabolism occurs in schizophrenia or in the response to psychoactive drugs is being examined. Many of the antipsychotic drugs have been found to block histamine degradation and increase its levels in tissue.

Dr. Matthysse and his associates are examining the hypothesis that blockade of dopamine receptors is related to the antipsychotic effect of phenothiazines and butyrophenones, a concept that has gained wide currency in psychopharmacology. If true, it might provide an insight into the pathogenesis of schizophrenia. In some of their experiments, cerebrospinal fluid is continuously sampled in Rhesus monkeys and the turnover of dopamine measured. Antipsychotic drugs with the exception of thioridazine have a marked effect on dopamine turnover in doses within the clinical range. This is consistent with the hypothesis that they are dopaminergic blocking agents. In other experiments, the function of synapses in the mesolimbic dopamine system of the brain is being examined by microelectrode recordings, with the aim of testing directly the hypothesis that tranquilizing drugs act by blocking dopamine receptors.

Amphetamine abuse in man often causes a paranoid psychosis. It would be useful to establish an analog of amphetamine paranoia in primates in order to study its pathophysiology and therapy. Since the absence of language in subhuman primates has been a stumbling block, Suzanne Haber and Dr. Matthysse are attempting to measure paranoia in monkeys without the use of language by means of certain operant conditioned responses.

Other investigations of the pharmacology of the amphetamines

have been pursued by Dr. Ross Baldessarini in collaboration with Dr. Jane Harris. They have developed further evidence that the unique ability of amphetamine to decrease synthesis of dopamine in the corpus striatum while stimulating the synthesis of catecholamines elsewhere in the brain may depend on a unique neurophysiological feedback regulation of the firing of the cell-bodies of the nigro-striatal dopamine-containing neurons. These cells appear to be under the control of a descending inhibitory circuit, possibly mediated by the inhibitory amino acid, GABA. This circuit, in turn, appears to be activated by dopamine, which is made more available by the actions of amphetamine in the caudate nucleus.

In other studies, the same investigators with Sarah Wheeler have found that cyclic AMP can exert a remarkable stimulatory effect on the synthesis of catecholamines in isolated nerve-endings from various portions of the brain. This effect does not appear to be due to removal of end-products from tyrosine hydroxylase or to the increased uptake of precursor aminoacids.

Other studies of the dopamine-neurons of the corpus striatum have included further investigations by Dr. Baldessarini with Marcella Vogt and Sarah Wheeler of the process of release of the amine by depolarization of tissue slices and isolated nerve endings. Among the more interesting newer findings was the observation that phenolic phenylethylamines are releasable from striatal slices even if they lack a beta-hydroxyl moiety on the side chain. In contrast, it had always been thought that such amines were required to have either a catecholic structure or at least a phenolic hydroxyl group plus a beta-hydroxyl substituent for them to be stored in central or peripheral noradrenergic pre-synaptic sites from which release of natural or "false" transmitters occurs. Another interesting result of these studies is the observation that antipsychotic-neuroleptic drugs, such as chlorpromazine, have an apparent biphasic action on the release of dopamine: in concentrations higher than 1 μM, release is inhibited, presumably by relatively nonspecific "membrane-stabilizing" or local-anaesthetic actions of the drugs, while at lower concentrations, release is actually enhanced. This finding is consistent with the impression that such agents can act as adrenergic receptor-blockers, and further, with the concept now evolving from careful studies of the peripheral sympathetic nervous system in Europe, that "pre-synaptic" receptors for catecholamines may modulate the release of the neurotransmitter from the nerve terminal. Other studies of release have included a comparison of the stereoisomers of amphetamine, which confirm and extend the previous results of Baldessarini and Harris indicating that

there is a greater potency of d-amphetamine in the blockade of dopamine-uptake, and now, in enhancing its release.

Preceding from the latter studies, Dr. Baldessarini's group, particularly with Dr. Tarsy and Frederick Griffith, have begun to study the post-synaptic actions of the catecholamines and especially of dopamine. They have found that chronic pretreatment with a series of anti-adrenergic drugs, including the antipsychotic-neuroleptic agents chlorpromazine and haloperidol, but not a series of other central depressants and minor tranquilizers, led to increased behavioral sensitivity to the direct dopamine-receptor agonist apomorphine which produces a syndrome similar to that of amphetamines of stereotyped sniffing and gnawing in the rat.

The supersensitivity phenomenon is being pursued at a physicochemical level by Dr. Baldessarini with Dr. Walton. They have initiated studies of the properties of the dopamine receptors which are assumed to be located in membrane fractions of the caudate nucleus. They are studying the binding of dopamine and of cyclic AMP, and are carefully reviewing the properties of the dopamine-sensitive adenylate cyclase present in such membranes.

In other studies of central amine-containing neurons, Dr. Baldessarini, Sylvia Gerson (a predoctoral fellow) and Sarah Wheeler have pursued their studies of the ability of various dihydroxylated tryptamine (DHT) derivatives to destroy central indoleamine nerve-terminals selectively. They have compared the effects of several DHT-compounds following their injection directly into the cerebrospinal fluid in the rat. The compound, 5,6-DHT, appears to be the most selective in producing degeneration of central serotonin-containing neurons. These effects are reflected in decreases of levels of serotonin in CNS tissue as well as in losses of other specific functions associated with these cells, including the high-affinity uptake of serotonin and the synthesis of serotonin via tryptophan-5-monooxygenase, the rate-limiting enzyme in the synthesis of serotonin. In contrast, there is no decrease of the levels or uptake of catecholamines or of their synthesis.

Dr. Baldessarini, in collaboration with Dr. Josef Fischer of the Surgical Service, has pursued studies related to the possible role of "false" neuro-transmitters in various pharmacological and pathological states, including hepatic coma. They have presented evidence this year that serotonin, produced in excess — probably by increased levels of circulating tryptophan — in surgical models of acute or chronic hepatic failure, may act as a false transmitter to replace other amines including the catecholamines, which are decreased in the brains of the

same animals. They have also obtained evidence that glutamine, which rather specifically accumulates in the CSF of patients with hepatic encephalopathy, as well as in recurrent catatonia, can accumulate in central nerve endings in competition with the excitatory amino acid, glutamate, and can be released by depolarization of brain slices. Other studies related to the false-transmitter hypothesis include studies of the behavioral effects of amino acids and amines injected directly into the CSF and studies of the actions of these substances on nucleotide cyclase enzymes in central neuronal membrane preparations. For example, it appears that octopamine, an amine which is excreted in markedly increased quantities in hepatic coma in the rat as well as in patients, produces central depressant effects on normal rats, and is a poor agonist of adenylate cyclases which are stimulated by dopamine or norepinephrine.

James Macon, under a predoctoral fellowship, has carried out studies of the serotonergic receptors in a specific invertebrate neuron. By iontophoretic application of serotonin, the characteristics of the postsynaptic response have been determined as well as the effects of certain tryptamine derivatives including tryptamine itself and 5-methoxytryptamine, which have been found to be the most potent blockers of the postsynaptic effects of serotonin. The usual serotonin antagonists, such as LSD or methysergide, are effective only at high concentrations.

In order better to understand the relationship between protein metabolism and nervous system function, the control of protein synthesis in cell-free systems derived from neuronal tissue is being investigated by Dr. Jeffrey Gilbert. Cell-free protein synthesis systems containing various subcellular components from the central nervous system have been developed. Effects of small molecules such as ions, neurotransmitters, transfer RNA and psychoactive drugs are being studied in these systems in order to gain information on the relationship between the control of protein synthesis and synaptic function.

Project Omega (Avery Weisman, M.D., J. William Worden, Ph.D., Robert Sterling-Smith, Ph.D., Dorothy Winquist, M.S.W., Catherine Sampson, M.S.W., Jane Calhoun, M.S.W., John Raker, M.D., Consultant)

Project Omega is a research investigation of how cancer patients cope and fail to cope with their illness, from earliest period of discovery and diagnosis through the changes undergone during the first six months after initial treatment. Methods are descriptive and statistical and are derived from interviews and personality inventories at regular

follow-up intervals. The cancer sites under study are Breast, Lung, Hodgkin's Disease, Malignant Melanoma, and Bowel, especially colon and rectum. Presently we have emphasized psychosocial factors in delay prior to diagnosis, correlating our findings with various sites and stages.

Child Development Laboratory (Dr. C. Keith Conners)

Work in the Child Development Laboratory this past year has mainly involved follow-up studies of children seen at the Laboratory since 1967. These studies are oriented toward determining the long-term effects of medications for hyperkinetic children and the natural history of children with minimal brain dysfunction and learning disabilities. Studies have been completed on the effects of stimulant drugs on cortical-evoked potentials in hyperactive children, and the effects of combinations of pharmacotherapy and special education in young hyperactive children are being analyzed and prepared for publication. Studies were also completed during the year on the effects of magnesium pemoline, methylphenidate, and dextroamphetamine on physiological and psychological development in children with minimal brain dysfunction.

Stanley Cobb Laboratories for Psychiatric Research (Drs. J.L. Fozard and J.C. Thomas)

The laboratory has been studying the relationship between mental performance and aging. Occasionally one requires a relatively long time to make a simple decision or to recall a familiar place or event. Results of several experiments indicate that such difficulties occur relatively more frequently with advancing age. The results do not support the widely held belief that aging is accompanied by a generalized, uniform slowing of cognitive processes; rather the normal adult decision-making processes become somewhat more variable in the older person.

LEON EISENBERG, M.D.
Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital

We have for many years been interested in the machinery of the growth process — how protein is synthesized, how the message of the gene is translated into the amino acid sequence of an enzyme, where the regulators are interposed in the normal cell, and where they fail to operate in the overgrowth of a malignant cell. Many of the individual steps in protein synthesis have now been identified, and the early groundbreaking work came out of this laboratory. The emphasis in the field of protein synthesis, and to a large extent in the areas of deoxyribonucleic acid and ribonucleic acid synthesis also, has now shifted to a search for the regulators of the transcriptional and translational mechanism. In other words, now that the parts of the growth machinery of the cell can be identified, from the gene to the finished products — *i.e.*, the proteins, carbohydrates, and lipids which make up the finished structures of the cell — the time is appropriate to study what determines how rapidly these cell constituents are synthesized and how the production line of cell parts is turned off in the normal cell. The undisclosed mystery of the malignant tumor cell is why it fails to turn off its production of new components, but rather continues to synthesize them and to construct new cells of a particular type with disregard for their need in the balanced animal economy.

In the past few years, the main investigative thrust of this laboratory has therefore pressed against the regulatory defect of the cancer cell. It has become clear that many animal cancers are induced by viruses, and these so-called oncogenic viruses are packages of genetic information surrounded by membranes, which can enter cells and subvert their normal growth process. A good model virus of this type is the chicken tumor virus, or Avian Myeloblastosis Virus. If a one-day-old chick is injected with a tiny amount of serum from a three-week-old chick infected with this virus, by the third week of life an overwhelming leukemia develops. The blood of the chicken in this latter stage of the leukemia is loaded with tumor virus particles — about 100 billion particles per cubic centimeter of blood. We have collected the blood from many such chickens, have isolated the tumor virus particles, and have extracted the genetic material — ribonucleic acid (RNA) in this case — from the particles. We are now engaged in

trying to decode the message of this tumor virus RNA. Fortunately, we have found that one end of the long RNA chain, in other words one terminus of the genetic message, contains a stretch of adenylic acid residues, a so-called poly A sequence. Since the RNA chain comprises roughly 6,000 individual pieces or letters, it is a great advantage to be able to identify one end of the chain. During the coming year we plan to work from this end of the molecule toward the interior, using a combination of established techniques worked out in our laboratories plus some new ones from the laboratory of Dr. Fred Sanger in England.

Several members of the laboratory are also investigating whether Hodgkin's disease, predominantly a tumor of the lymph nodes and spleen, is due to a virus or not. The results are suggestive of a viral origin for this disease, but are still equivocal. One of the fascinating findings in this investigation is that we have been able to grow human Hodgkin's tumor cells in tissue cultures, to transplant them into mice, and have them grow into malignant tumors in the mice. The mice used are a special type of immunologically deficient breed known as "nude mice" — wizened, hairless, stunted, and deficient in the thymus gland which has recently become recognized as the source of special cells which appear to protect us from cancer, to some extent.

The clinical arm of these laboratories is still busy investigating the best usage of the newer drugs which complement surgery and radiation in the treatment of cancer as it presents itself today. Hopefully, findings in our laboratories and in others will offer new insights into the treatment of cancer at the human level. Our principal aim is to bring some of the exciting new information being uncovered in cancer virology and immunology at the animal level to bear on the problem as it affects all of us humans.

The Huntington Laboratories have unfortunately lost Dr. Lewis Engel, Dr. James Orr, and the Steroid Research Unit, and shall miss them sorely. Dr. Engel's group has recently moved to the new Reproductive Center at the Harvard Medical School quadrangle. Dr. Engel was a member of these laboratories since 1946, and his investigations of the mechanism of action of steroid hormones and their relationship to cancer have illuminated this neglected field and have brought lustre to our laboratories. It is fitting that Dr. Engel's work has received recent recognition in his election to the Presidency of the Endocrine Society during the past year and currently to the Presidency of the Massachusetts Division of the American Cancer Society.

We also report with regret the death of Dr. Joseph C. Aub, Director of these laboratories from 1928-1956, a time span during which

cancer research changed from a largely morphological study of stained cells to a dissection of the internal events which regulate growth. In this transition Dr. Aub played an active role and served as a leading expositor of the need for cancer research to deepen its probes and to join forces with the basic sciences from which the newer information was beginning to arise.

PAUL C. ZAMECNIK, M.D.
Director

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Lawrence M. Friedlander, M.D.

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Mrs. Joseph Stukas, R.N., *Administrative Supervisor of Nursing*

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Miss Suzanne Hudson, R.N., Miss Marlene Solomon, R.N., *Nurse Clinicians*

Miss Susan Schaefer, *Unit Teacher*

Miss Ruth A. Patterson, R.N., *Head Nurse, Gynecology Clinic*

Vincent Memorial Hospital
Report of the Chief of Staff

During 1973 the Vincent Memorial Hospital maintained without interruption both its inpatient and ambulatory services, a real achievement in the face of the fact that the nurses' stations and utility areas on both V-2 and V-3 were completely redesigned and renovated. The year's statistical summaries tell us that there was a small decline in total admissions (approximately 115) but that the number of operating room procedures showed chiefly a redistribution with a significant fraction (20 percent) now performed on a transient basis.

Although the Ambulatory Clinic registered a volume of patients in all its subdivisions roughly equal to the peak load seen in 1972, the important fact is that for the first time in almost a decade we did not see a marked increase over previous years. What exactly this means is uncertain; it is probably not due to a saturation of our facilities. It may reflect a decrease in the size of the youthful transient population, since it was primarily from this source that our recent increases in volume appeared to derive.

The research program has blossomed as never before, occupying the 2500 square feet of completely modernized space in the Vincent Building itself and approximately a thousand additional in one temporary building and one off-campus location. Annual funding reached $400,000, of which 20 percent, as in the past, came from the Research Support funds of the hospital itself, a combination of the annual earnings of the cumulative gift from the club and some part of the current gift itself. The research staff has been swelled by the appointments of Dr. Inese Z. Beitins, Dr. David T. MacLaughlin, and Dr. Lawrence M. Friedlander all with special skills already proving to be of great value to our work. The content and goals of the research are listed in detail in the MGH Research Booklet.

The staff as always delivered the goods in superb fashion, participating in our own popular postgraduate course, in the one given at the Boston Hospital for Women, and in two produced under the auspices of the Department of Surgery. All this is in addition to ever-increasing demands on their time for clinical private practice, for attendance and participation in meetings both national and international, and for their services as members and officers of committees and societies too numerous to mention. Their publications once again are over 30 in number and can also be found listed in the Research Booklet.

Briefly stated this is the year's record. Throughout we were supported, continuously and enthusiastically, by the Trustees, the Board of Lady Managers, and by the officers, board members, and members at large of the Vincent Club.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

Activity of the Board this year has been varied. Two morning coffee parties given annually are highlights for the members, who gain much from both.

In September, surgeons in the post-graduate gynecology course are welcomed, and we are again reminded of the importance placed on an experience of this kind at the hospital for these men and women from all over the country and abroad, who come for intensive and rewarding study.

In November, our Hospital Family coffee party is intended to emphasize to the staff, nurses, doctors, technicians, and paramedical personnel in all departments how much the Board appreciates what each one contributes to patient care. The death of Mrs. Arthur W. Allen, a Board member for many years, who was always enthusiastically interested in the activities of the hospital, saddened us all.

At the January meeting, Dr. Rita M. Kelley spoke about medical oncology, and in March, Dr. Janet W. McArthur spoke on quantitation in gynecology. Both gave us some valuable insight into the extraordinary progress of the research they are doing.

The principal concern of the Board has centered around the change in age and number of patients being cared for. That there are many more women in the 24 to 40 year age group than ever before means that recreational as well as rehabilitative projects have increased. The shift in numbers continues in the Gynecological Out-Patient Clinic, where close to eleven thousand patients were seen this past year. Again the age is far younger than ever before, from the early teens to the middle twenties.

We have sought to improve the hospital environment in various ways to meet the needs of this new generation of patients. Volunteer assistance and frequent patient visiting have regularly contributed the kind of support so greatly needed by Vincent patients. A womens' hospital board can function more effectively in this specialty than in many others, for its members can bring compassion, shared experience, knowledge, and understanding to the gynecological patient of any age.

To the Trustees, for their wisdom and guidance, to the members of the Vincent Club for their dependable loyalty, and to the hospital

Board members for their constant encouragement, goes deep appreciation.

As a Board, we will continue to widen our horizons, while the hospital reaches out in new directions to meet the needs of the patients it serves.

HELEN C. CROCKER
(MRS. COURTENAY CROCKER),
President, Board of Managers

Report of the Department of Nursing

Nursing Service

In this report, an attempt will be made to highlight the collective activities and accomplishments of the nursing service in fiscal 1972-73 and to delineate some of the major challenges facing it in the year ahead. As in previous reports, I wish to begin this report with an acknowledgment of the superb reports for the year which have been submitted for each of the nursing services and Departmental committees, and ask for forbearance if I fail to do them equal justice in this summary statement.

A. Ambulatory Nursing Services (The Clinics and its Satellites)

A review of the annual report of the Ambulatory Nursing Services reveals that 1972-73 was a year in which the nursing service felt the impact of a series of institutional reorganization changes, terminations of leadership personnel, and cutbacks in funding while at the same time faced the challenge of an extension of services, different in kind and emphasis from the previous year. As cases in point, one can mention:

— The severence of the Medical Clinics Complex and the Ambulatory Screening Clinic in October, 1972 from the overall Clinics Business/Administrative Offices. Whatever the long-range benefits of the establishment of an autonomous unit such as the Internal Medical Associates, the separation syndrome is fraught with a myriad of interdisciplinary problems which run the gamut from effective communication to the delineation of appropriate provinces of authority and responsibility. Irrespective of the ultimate decisions which are made about the administrative structure of this Complex (or others) and about subsequent relationships of such units to the Clinics as a whole, there is ample pragmatic evidence to show that the continued health and viability of the professional services involved cannot be preserved in a vacuum. For this reason, this Department will continue in its effort to keep the nursing service(s) within the mainstream of professional nursing practice and to offer the nursing supervision and guidance needed by nursing personnel assigned to such units.

— The resignation of the Medical/General Director of the Bunker Hill Health Center in fall, 1972, and of its Chief Nurse in fall,

1973. The nursing personnel felt the impact of changes in leadership, the fear of federal fund cutbacks, and the need to devise health care programs more consonant with the demands of the community. As we look forward to the future of this significant outreach of collective endeavor, we ask for an open forum of dialogue and decision where the issues are presented within a frame of reference of, "what is best for the client?" and "who can do what best?"

— The nursing service of the Logan Airport Medical Station felt in no small way the curtailment in services, but despite this the accomplishments of the Station in the past year, in terms of episodic patient care, preventive services to selective groups — *e.g.*, Project Hear, immunization, physical examinations, and emergency care — have been substantial. All the nurses assigned to this unit practice in somewhat expanded ambulatory care roles; they use triage skills, are competent and knowledgeable in the field of immunology, and possess a variety of technical skills useful in this setting. This year they have added to the problem-oriented record a visually-enriched component which includes color photographs of cuts, bruises, skin lesions, etc. Their competent service in a series of air disasters at Logan deserves special commendation in this report. A continuing effort is planned to improve and expand nursing input into the care of patients who utilize the services of this satellite, particularly in teaching and in planning optimal continuity of care for some of the regular clients of Medical Station.

— The Chelsea Child Health Clinic, as it was originally called, is two years old this month. It moved in December to the Remick House, the former Nurses' Residence of the Chelsea Memorial Hospital. Originally, its mission was to provide child health services to families from all sections of the city. However, adult services were introduced this year. In September, 1973, a qualified adult nurse practitioner was appointed to the nursing service. The most recent word is that Miss Eleanor Clark, Director of the Department of Social Service, will go to Chelsea at least half-time to act as administrator, to be actively engaged in guiding the outreaches of the MGH into the Chelsea community, and to initiate the major effort in the care of the elderly in Chelsea, an endeavor funded by the Clark Foundation, and that a full-time internist will be appointed. The Department looks forward to continuing and expanding its service in this community, in collaboration with Dr. Guthrie and Miss Clark.

The above-mentioned delineation of the changes and the challenges faced by the Ambulatory Nursing Services in 1972-73 should in no way detract from or minimize its accomplishments in this same period. These include the successful launching and continuance of a nursing audit system for the clinics and its satellites; the development of a general statement of philosophy of ambulatory nursing and the development of general standards of ambulatory nursing practice; the development of protocols for Gynecological-Obstetrical Nursing Practice and Pre- and Post-Natal Nursing Care; the initiation of a Stoma Clinic, including the services of an Enterostomal Nurse Clinician; the establishment of a Childhood Leukemia Clinic — as a joint adventure of the Pediatric and Ambulatory Nursing Services; and the reabsorption of the Rehabilitation Clinic into the Ambulatory Nursing Service. As we set our sites for 1973-74, we savor a readiness for an expansion of nursing practice in the areas of the Dermatological, Orthopaedic and Neuromedical Ambulatory Care Services. In the ensuing year, one of the priority tasks will be to ascertain the needed mix of nurse specialist versus nurse generalist in our wide variety of ambulatory settings.

On the occasion of this report, we salute Miss Farrisey on her approaching twentieth anniversary of service in the Ambulatory Nursing Service and extend to her and her associates our sincere thanks and appreciation for a job well done!

B. Operating Room Nursing Service

The annual report of the Operating Room Nursing Service suggests a milestone of accomplishment in the area of intra- and interdisciplinary collaboration and cooperation. In 1972-73, the nursing service participated in meeting the nursing care needs of 21,205 surgical patients, an increase of approximately 3,000 cases over the previous year. An examination of the staffing statistics shows that this increase was accomplished with a yearly average complement of one *less* registered staff nurse, the *same* number of licensed practical nurses, and the *addition* of twenty-one more technical/nursing assistants, as compared with the previous year. A total of 156 staff are currently responsible for the nursing service output of this collective endeavor.

During the past year:

— An interdisciplinary team at the operational level has addressed itself weekly to the presenting and recurring problems in this arena of frenetic action. A senior surgeon and anesthetist assumed administrative responsibility as the full-time representa-

tives of their respective chiefs in the ongoing operation of this service; the coordination of the non-therapeutic aspects of the management operation have been assumed by an administrative appointee; and, while the nursing service, of necessity, found itself in the position of filling in some significant gaps, considerable progress has been made in the direction of concentrating nursing service effort on the needs of the patients and the nursing staff. The Department hails this administrative reorganization as one of the most important *happenings* of the decade and looks forward to the future collaborative efforts of this team.

— A satellite Blood Bank was opened in the Operating Room Suite, which has saved hours of travel time between the Operating Rooms and Blood Bank. We are most grateful to Dr. Charles E. Huggins for his cooperation in this matter.

— A central supply room and satellite pharmacy unit were opened in the area, permitting closer supervision and control of equipment, supplies and drugs.

— A rotating team system of assignment of nursing personnel to the respective surgical services was initiated in the interest of improving the quality and continuity of patient care. It would appear that this innovation has been extremely well accepted by the physicians and the nursing staff.

— An administrative decision was made during the year to extend the activities of the Baker 11 Transient Operating Room Suite in the interest of relieving the increasing pressures on the Gray-White Operating Rooms and the White Recovery Room. A major physical renovation was initiated in August to make the area a true "surgi-center," with extended operating room and recovery room facilities. It is anticipated that the reconstruction will be completed in spring, 1974.

— Tremendous progress was made in inaugurating an ongoing in-service educational program for the nursing staff and in incorporating the staff as an integral part of the Department.

We would be remiss in this report if we did not commend the chairman and the staff of this nursing service on the many innovative changes during the year.

C. Intensive Care Nursing Service

During the year, the chairman of this nursing service passed the milestone of her first anniversary in this position. In her annual report, she compares the MGH to a train — not the usual kind with

an engine, empty box cars, and passenger coach, but rather a *whole train of engines!* She describes her staff as a "vitally interested, highly intelligent, technically skilled, creative and motivated, volatile, impatient and aggressive" group of nurses! She states further that they want "logical answers, freedom to function (and to fail, if necessary), gentle guidance, approval and support when they need it. When they see a problem, they want it attacked. They have low regard for *the system* and high regard for *the person,* and find it difficult to mesh the two." It seems important to add, at this point, that this change of image on the part of all nurses, individually and collectively, becomes more visible with each passing day and its impact on institutional nursing services promises to be a challenge of the first order in the days ahead. On the home front, we cannot afford to play ostrich in light of the New Year's prediction of the President of the American Nurses' Association for 1974. In her annual message, she describes 1974 as "an action year for the American Nurses' Association . . . a year for collective action as our needs and opportunities coincide . . . a year in which nurses can *get it all together* — i.e. that nurses will speak for nursing . . . nurses will control nursing practice . . . and nurses will participate in their employment conditions." This posture coincides with the philosophy of the current administration of the Department of Nursing, with one essential difference — i.e., we do not believe that *collective action* and *collective bargaining* need be considered as synonymous. We believe that a continuation and extension of the collaborative dialogue and action, already in process in this institution, will serve as a viable channel for the resolution of presenting problems. To this end, we will direct our efforts in the year ahead!

During the past year:

— Significant progress has been made in the willingness of the medical directors of the Gray 3A Intensive Care Units to include the nursing staff in the discussion and resolution of presenting problems. The highly tense and pressured atmosphere of these areas will continue to present a substantive challenge to physicians and nurses alike, but with continued emphasis on our shared interest — the welfare of the patient and the family — as opposed to vested interests, the future seems secure.
— Improved staffing, decreased turnover, reorganization of leadership and staffing patterns and assignments, improved and extended orientation and continuing education programs have resulted in an improvement of the quality of nursing service ren-

dered in these units. At this point in time, the major problem is that of lack of space — *i.e.*, more room and extended time are needed in these areas to give the patients the kind of care they require and deserve.

The Department has been deeply involved in the initiation and implementation of a number of committees and activities relevant to a determination and resolution of recurring problems in these areas. As cases in point, one can mention:

— The ongoing effort of the Critical Care Committee, a subcommittee of the General Executive Committee, which, during the past year, has addressed itself to the intensive and intermediate care unit needs of the institution, the care of the hopelessly ill patient, and the standardization of intensive care protocols and techniques for physicians and nurses alike.
— The provision of a more adequate facility for families in the Gray 3A area. Also, the Department has spearheaded the development of an appropriate waiting and communication area for the families of operative patients in the Gray Building Lobby, which we hope will become a reality in 1974.

It is with deep regret that we announce the impending resignation of Mrs. Eileen Boireau, who has served as Assistant Chairman of the Gray 3A Respiratory Intensive Care Unit since its opening in fall, 1969. We would like to take this opportunity to express our deep gratitude for her dedicated and committed service and to wish her personal happiness in the days and years ahead.

D. In-patient Services

In my last annual report, I mentioned the fact that, despite our major effort of some years' duration to promote the implementation of an approach to nursing care which gave emphasis to the need for an orderly system of assessment of the nursing care needs of patients, written care plans, meaningful patient progress notes, and a regular appraisal of the quality of care delivered, we were found grossly deficient as a Department at the time of the August, 1972 visit of the Joint Commission on Accreditation of Hospitals as regards our overall accomplishments in this area of endeavor. During the past year, we maximized our effort in this area of quality assurance through a number of mechanisms. The policies relative to the completion of a nursing assessment on all patients admitted for seventy-two hours or more,

the recording of these findings in the form of a nursing history in the permanent record, the initiation and continuous revision of a written care plan, the inclusion of periodic progress notes in the permanent record, and the development and testing of quality appraisal instruments have been given priority attention during the past year. The degree of success in the implementation of these policies and practices in the various units of the institution has varied directly with the degree of interest, knowledge, and support of the staff and the leadership personnel. At this time, substantial progress can be reported in all units of the Department. The Pediatric, Medical, Neuromedical-surgical, Intensive Care, and Ambulatory Nursing Services have been especially active in the development of standard policies, practices, and protocols. The recent release of published Standards for Nursing Services and Standards of Nursing Practice by the respective Commissions and Divisions of the American Nurses' Association has given further direction to our effort. In 1974, with the assistance of the Department's Committee on Assessment and Appraisal and the respective clinical practice committees, we will dedicate our effort to the delineation of specific nursing care standards for selected groups of patients and to the activation of a realistic plan for *process* (as opposed to *retrospective*) audit on the care unit/clinical service level. The sustained interest and effort of those staff members who have pioneered this colossal undertaking are gratefully acknowledged. We hope to pass muster in this regard on the occasion of the 1974 revisit of the Joint Commission team.

The challenge of meaningful response to the ever-changing modalities of therapeutic intervention in this institution is indeed one of the first order. The Committee on Nursing Practice and its subcommittees on nursing procedures, patient and personnel welfare, and patient teaching continue to accomplish the unbelievable in their respective area of endeavor. We are pleased to announce that the completely revised Department's Nursing Procedure Manual has been selected for publication by Little, Brown and Company in 1974. At this time, we wish to extend our sincere appreciation to the many physicians and other hospital Department staff who contributed so generously of their expertise and time to this effort.

During the past year:

— An evaluation of how 14 Greater Boston hospitals were "integrating physical and emotional care for their young patients" was conducted by a group of interested parents of hospitalized children. A report of their findings at the MGH

appeared first in an issue of the *Real Paper*. A subsequent report was published in *Boston Magazine*. The report relative to the pediatric nursing service includes such comments as:

> "Only here is a written philosophy available . . . It could serve as a model of enlightment. . . . A deep commitment to family participation overrides the limits of space and gives the lie to the frequent lament of other institutions that 'we just aren't set up for it'."

We salute the staff of this service on their superb accomplishments in the face of a multitude of distracting forces. We would also like to take this opportunity to announce the appointment of Miss Mary P. Wilhem to the position of Assistant Chairman of the Pediatric Nursing Service and to express our appreciation for her many contributions to the service since her arrival.

— The nursing staff of the Bulfinch Nursing Service, in addition to their ongoing efforts to improve the delivery care system on these units, has been deeply involved in two major undertakings of hospital-wide significance — the planning sessions with the architects for the new facilities in the Gray Building and the development of a computerized medication system in conjunction with the Laboratory of Computer Science. We would like to express our appreciation to the staff for their willingness to assume the responsibilities of this additional burden.

— The Phillips House Nursing Service entered a period of intensive reorganization. In her annual report, the Assistant Director announced 36 resignations in the registered nurse and licensed practical nurse categories and pointed out that twelve of these retirees had completed a total of 220 years of service to the institution. In this report, we would concur with the expressed sentiments of the Assistant Director, that "with the increasing responsibility, decision-making, and broader problems which ensuing trends in medical and technological sophistication bring with them, newer approaches and expertise in nursing become necessary; but, for all that, the personal dedication of the retiring staff to the *care*, as opposed to *cure*, needs of their patients will not be easily duplicated." It is the aim of this Department to exert its collective effort to the end that every patient in this institution, regardless of geographic location, will be privy to one standard of qualitative nursing care.

We are pleased to announce that, in September, 1973, a qualified nurse clinical leader was appointed to administer the medical nursing service in this building and, at the request of the

General Director, the nursing staff of the MIRU Unit were placed under the aegis of this Department. In the ensuing year, further reorganizational changes are contemplated, which we believe will be in the interest of improving this nursing service.

— The Vincent Nursing Service achieved a milestone of significant proportion. Under the leadership of two competent head nurses, working together in the interest of their patients and staff, the two Vincent units, operating interdependently, achieved the long sought for integration as *one service*. The positive effect of this teamwork effort is demonstrated in a decrease in turnover ratio of approximately 40 per cent, a mutually accepted exchange of staff, and a remarkable increase in the letters of commendations from patients and families — attesting to the superb quality of care rendered by this staff. At this time, we are pleased to acknowledge their cooperative effort and their sustained interest in supporting the patient-related goals of the Department.

— The annual report from the Baker Nursing Service is unique in that it consists of a report from each nursing supervisor on the activities, accomplishments, and problems met by the staff throughout the year. A most appropriate title for the series would be — "The Agony and the Ecstasy." The litany of recurring problems of staff turnover, maximum census, short patient stays, lack of adjunctive support services, etc., are matched by a repertoire of innovative approaches in the administrative operation and care delivery systems on the respective units. An analysis of these reports and those of the White Building Nursing Service are sufficient assurance that the continued operation of a building orientation as regards specific nursing services is an anachronism we can no longer afford. We wish to take this opportunity to express our sincere appreciation to the administration and staff of these beleaguered services for their continued persistence in extending the dimensions of nursing practice; to congratulate them on their achievements to date; and to request that they "hang in there," for their redemption cannot be long postponed.

— The annual report of the White Building Nursing Service begins with the statement that, "this past year indeed exemplifies the need for the continuing organization of the Department of Nursing — from a building orientation to that of a service orientation. The White Building, with its general surgical units, six surgical specialty units, Emergency and Overnight Wards,

has become increasingly unwieldy and it is most difficult to institute significant qualitative progress in the interest of patient care. The staff who work with me have, in my opinion, performed a most commendable job, moving and overlapping from specialty to specialty and still contending with the care of the general surgical units of White 6 and 7. The latter with its crises and pressures invariably reflects on the equanimity of other units by the floating of staff, the priority assignment of private duty nurses, the assignment of experienced staff, the siphoning off of expert supervisory input." The report continues to document the turnover in leadership positions — the appointment of 11 new head nurses, 4 supervisors, 2 nurse clinicians and 4 unit teachers; the statistics of staff nurse terminations and transfers out to other nursing services. Of an average yearly total of 133 registered staff nurses, 89 staff nurses were newly employed, 73 terminated and 50 transferred out to other nursing services. In the course of the year, White 6 and 7 each experienced a total turnover with 23 hired and 23 terminated, with an average length of stay of 8 months. Despite these facts, this nursing service managed to keep afloat and to maintain a commendable quality of nursing care despite the overwhelming pressure of medical interventions associated with life-saving lines and respirators, cardiac arrests, intravenous piggy-backs, bed moves, Baker boarders, suicidal precautions, police guards, and the additional pressure of inexperienced nurses. In this report, we extend our sincere appreciation to the dedicated administrators and staff of this building for their service beyond the call of duty and pledge our concerted action in the year ahead to elicit order out of this chaos.

As stated earlier, it is not possible to enumerate and give credit to the many activities of the staff, both individually and collectively, in a report of this type. The annual report of each service and committee continues to reaffirm the existence of a dynamic and progressive Department, deeply engaged in planning for the future, while addressing themselves to the problems of the day. On the occasion of my fifth anniversary as Director of the Department of Nursing, it remains my privilege to salute and serve the staff on an individual and collective basis.

Staffing Statistics

The following table offers a comparison of the staffing statistics for fiscal 1972-73 with those for the previous year and those for 1967-68.

Comparison of Staffing Statistics by Building or Service on basis of yearly average Full-time Personnel 1968, 1972, 1973

Bldg./ Service	RN (Staff Nurses)			L. P. N.			Nursing/ Technical Asst.			Total		
	68	72	73	68	72	73	68	72	73	68	72	73
Baker	66	154	162	77	76	73	20	28	27	163	258	262
Bulfinch	49	60	61	5	13	13	22	28	25	76	101	99
Burnham	42	53	58	8	12	9	2	2	3	52	67	70
Clinics*	19	30	34	2	1	—	2	18	18	23	49	52
Gray ICU	—	63	62	—	3	5	—	7	6	—	73	73
O. R.	39	54	53	2	4	4	43	54	75	84	112	132
Rec. Rm.	32	45	45	—	2	2	5	6	4	37	53	51
P. House	85	68	71	16	14	15	11	12	9	112	94	95
Vincent	9	13	13	4	11	12	8	9	9	21	33	34
White	95	135	133	26	43	35	43	45	40	164	223	208
Total	436	675	692	140	179	168	156	209	216	732	1063	1076

*includes Bunker Hill Health Center, Logan Medical Station and Chelsea Health Center

During the year, 610 new full-time personnel were employed of which 404 were registered staff nurses, 79 were licensed practical nurses, and 119 were nursing assistants. In this same period, a total of 516 terminated their services, of which 336 were registered staff nurses, 66 were licensed practical nurses and 88 were nursing assistants.

The following table gives a comparison of the employment/ termination statistics for fiscal 1972-73 with those for the previous year and those for 1967-68.

Employment/Termination Statistics and Percent Turnover Ratio* 1968, 1972, 1973 Full-time Personnel

Position Category	Number of Personnel						Percent Turnover Ratio		
	1968		1972		1973				
	Emp	Term	Emp	Term	Emp	Term	1968	1972	1973
Supervisor, Clinician, Head Nurse	13	33	5	25	8	25	23%	19%	19%
Registered Staff Nurse	367	340	481	319	404	336	78%	55%	49%
Licensed Practical Nurse	82	66	77	94	79	66	47%	52%	39%
Nursing and Technical Assistants	244	188	104	109	119	88	117%	52%	41%
All Categories	706	627	667	597	610	516	72%	50%	43%

*Terminations ÷ average staff for 12 month period

During the past year, there was a 7 percent decrease in the total personnel turnover ratio; for the registered nurse, licensed practical nurse, and nursing/technical assistant position categories the decrease was 6 percent, 13 percent and 11 percent respectively. A more dramatic decrease in this turnover ratio is shown in the five-year comparison of the 1968 and 1973 statistics, where one can observe a 29 percent decrease in the total personnel turnover ratio; for the registered staff nurse, licensed practical nurse, and nursing/technical assistant position categories the decrease was 29 percent, 8 percent and 76 percent respectively. The positive effects of this reversing trend are many and varied, but its economic impact seems worthy of special mention. If the recently publicized figure of a $5,000 loss to the institution for every registered staff nurse termination is even remotely applicable to this institution (and, in my opinion, it represents a gross understatement), in the past year our savings approximated one-quarter of a million dollars. If this loss figure is applied to the turnover ratio decrease as compared with the 1968 turnover ratio mentioned in this report, the savings approximate one million dollars for the registered nurse position category alone!

During the past year, the turnover ratio for registered staff nurses varied from a low of 23 percent in the Ambulatory Services to a high of 62 percent in the Bulfinch Nursing Service. The most impressive decreases were seen in the Gray 3A ICU, the Vincent and the Ambulatory Nursing Services, where the decreases in turnover ratio for the registered staff nurses were 44 percent, 39 percent and 25 percent respectively. The two areas showing an increase in turnover ratio during the past year were the Bulfinch and Phillips House Nursing Services, where the increases for this same position category were 27 percent and 6 percent respectively. We have been studying the trends in turnover ratio for the past few years during which the turnover ratio has appeared to stabilize and there is some evidence to show that a significantly low rate in any one year for a specific nursing service may give some indication of a significantly higher rate the following year.

The nursing services showing a 40 percent or more decrease in turnover ratio for the registered staff nurse category in a five-year comparison, 1968 and 1973, are the Recovery Room, Baker, Operating Room and Ambulatory Nursing Services where the decreases were 50 percent, 42 percent, 41 percent and 40 percent respectively. The only nursing service showing an increase during this same period was the Phillips House, where the increase was 6 percent. It is important to point out, however, that the overall turnover ratios for the Depart-

ment and/or Building or Service do not reflect the specific situation on any one clinical unit. A case in point is the General Hospital Surgical Service (White 6 and 7) where, in fiscal 1972-73, a total of twenty-three registered staff nurses were employed and an equal number terminated or transferred out, and where the average length of service approximates eight months.

The continuing decrease in personnel turnover is most assuredly a reflection of the tight economic marketplace of the past two years. We do believe, however, that our efforts to improve the job satisfaction of the staff throughout the various sectors of the Department by maximizing their participation in the manner in which nursing care is delivered has had a strong positive effect on our attrition rate.

Nursing Education

The Nursing Education Department, with the back-up support of unit teachers, nurse clinicians, and other Departmental personnel, continues to makes further strides in discharging its responsibilities for the organization, implementation, and coordination of continuing position-oriented instructional programs for all nursing personnel, including both orientation and continuing education offerings. The educational offerings continue to multiply in response to the challenge to maintain an informed and competent nursing service in the face of escalating medical and technological sophistication. The programs offered are essential to the provision of the high quality of nursing care expected by the patients and families served and by the other health team members with whom we work; and, in no way, can they be considered expendable. However, the issue of quality vis-à-vis cost control — an issue of real concern to both internal and external regulatory bodies — is one which must be faced directly by the Department as it relates to its ongoing educational programs. A basic question to be answered relates to the scope of employer responsibility to provide continuing education opportunities for personnel, as contrasted with the individual responsibility of the employee to maintain a safe level of competence in practice. There can be no denial of the fact that external cost-containment forces are tempering the concept of excellence for excellence sake — or, if you will, "the best we can deliver" in the direction of the concept of "the best we can afford." On the one hand, this change in emphasis will require a significant philosophic readjustment and a redirection of effort for this Department. On the other, it will demand a significant reeducation as regards expectations for the nursing service on the part of the clients served and the other health team members with whom we work.

Cognizant of these developing pressures, we have moved during the past year to streamline the organizational framework within which the teaching staff functions and to tighten the system regulating the application and registration processes. As cases in point, one can mention the inauguration of a hospital-wide Intensive Care Nursing Teaching Calendar; the bi-weekly meetings of the Unit Teacher/Staff Education faculty for the purpose of consolidating and integrating teaching effort; and the initiation of closer controls on eligibility-for-attendance policies and post-attendance follow-up practices. As of May 1, 1973, a system of certification, involving the issuance of continuing education units for each program completed, was inaugurated under the auspices of the Staff Education Department. As of September 1, 1973, the formal teaching offerings of this Department were programmed on a tri-semester basis and a published syllabus was released for 1973-1974. This move will permit more rational and advanced planning on the part of the administrative staff and thereby maximize the opportunities for staff attendance at both mandatory and optional programs.

During the past year:

— a total of 610 newly-employed staff members participated in the required two-week orientation program.
— The total enrollment for registered nurses and licensed practical nurses in a variety of clinical workshops and seminars directed toward a presentation of the newest concepts and approaches to nursing care was over 2100, or three times the total for 1972-73.
— A total of 91 registered nurses attended the basic and cardiac work conferences, approximately one-third *less* than the previous year. This decrease reflects the continuing drop in turnover rate and the inauguration of shorter programs more limited in scope and more oriented to the depth of knowledge and skill required by the nurse generalist. For example, 232 nursing staff attended the sessions offered on Arrhythmias; 277 registered for the sessions on cardiopulmonary resuscitation and defibrillation; 211 attended the sessions on EKG and monitoring; 137 completed the sessions offered on hyperalimentation therapy. As a result of this refinement in programming, we were able to prepare more staff with greater efficiency to function at the expected level of competence.
— 126 registered nurses from intensive and special care units were

certified for the intravenous administration of medications, marking a slight increase over last year.

— 259 registered and licensed practical nurses participated in the teaching sessions emphasizing the elements of the nursing process and the role of the professional nurse in the assessment, planning, implementation, and evaluation of patient care.

The above-stated statistics are presented to give some ideas of the broad nature and scope of the Department's involvement in teaching programs. They in no way represent the totality of its offering.

The Adult Nurse Practitioner Program, a combined effort of the Department of Nursing and the Harvard Continuing Education Unit, was offered twice in the past fiscal year. The total number of nurses prepared to date in the programs sponsored in whole or in part by the Department of Nursing passed the 60 mark during the last year. As in the case of the Pediatric Nurse Practitioner Program, which is now flourishing under the aegis of the Northeastern University School of Continuing Education, we are proud of the Department's avant-garde effort in the preparation of Adult Nurse Practitioners for an expanded ambulatory care role. Once again, Northeastern University has expressed interest in joining us in this effort or in negotiating a transfer of the program to the university setting. In light of the current investigation of the feasibility of seeking an educational charter for the hospital, we have agreed to continue our combined effort with the Harvard Continuing Education Unit for fiscal 1973-74. Although some significant differences of opinion remain between the physician and nurse sectors on the expanded role and function of the nurse in an ambulatory care setting and on the nature of the preparation needed by such a nurse practitioner, we believe that through continued dialogue and collaborative effort the presenting obstacles can be overcome.

During the past few years, a concerted effort has been made to address ourselves to the learning needs of the middle-management officers of the Department. A variety of leadership programs have been offered intramurally for supervisors, head nurses and unit teachers, and their participation in extramural programs has been encouraged. As we approach the close of this fiscal year, we are embarking on an extension and refinement of this effort. Three members of the Department were privileged to attend a seminar in Spring, 1973, offered by the Sloan School of Management at the Massachusetts Institute of Technology for health care managers and/or teachers who had some reputation as change agents and/or managers in several

health care institutions in Boston and New York City. Participation in this seminar, funded by the Johnson Baby Products Company, carried with it the commitment to duplicate the program in the respective health care institutions. In fulfillment of this commitment, the Department of Nursing representatives fielded a follow-up course — Health Care Management — on September 28, 1973, with seventeen nurses in leadership positions and two unit coordinators enrolled. The report of the outcome of this program must await next year's annual report, but its significance requires mention at this time. It marks our first *formal* attempt to approach and test the process of change agentry in a team-oriented, unit-based, problem-focused perspective. We are deeply indebted to our resource team for this dedicated effort and superb offering.

The Nurse Internship Program marked its fifth birthday during the past year. A total of 64 beginning practitioners from baccalaureate programs across the country have completed this program since its inauguration in 1968. In June, 1973, fifteen baccalaureate graduates from thirteen different universities came to the Department of Nursing to spend a year, under the guidance of a preceptor, to enhance their nursing knowledge, understanding and skills in an acute care setting. An in-depth evaluation of this program is planned for fiscal 1973-74, a report of which will be made in the next annual report.

The Department continues to be involved in coordinating the utilization of the in-patient and ambulatory services of the hospital as learning laboratories by a number of basic and graduate nursing education programs and in offering basic instructional programs for a variety of nursing and related health-care functionaries. During 1972-73, students of nursing were assigned to thirty-three clinical areas, including the Operating Rooms and Overnight Ward. The units not included in student assignments are the areas of highly specialized care, such as the Recovery Room, Surgical and Respiratory Intensive Care, the Bulfinch 4 Metabolic Unit, and the Psychiatric Services. A review of student assignments for a typical week in 1972-73, revealed the fact that 337 students of nursing had been so assigned. Of this number, 248 were from the MGH School of Nursing; 41 from the Shepard-Gill School of Practical Nursing of the MGH; 24 from the Boston College School of Nursing; and 24 from the Northeastern University School of Nursing. The impact on the nursing service of 337 students and 25 instructors during the hours of seven to four, Monday through Friday, deserves some comment. Each of these students is pursuing an individual, educationally-oriented experience which of necessity influences the ongoing operation of the regularly

assigned nursing staff and requires the involvement of the administrative staff in continuous collaborative planning. The Department recognizes its responsibilities to support nursing education programs and is aware of the intangible benefits derived from the presence of young and eager learners on our clinical units. The point made here is that this involvement does place a drain on the time and adrenalin of an already over-extended nursing service — a drain which is not always recognized and acknowledged by the cooperating educational agencies. Worthy of special mention in this report are the utilization of the Phillips House clinical units in 1972-73 for clinical experience for MGH and Boston College School of Nursing seniors and the provision of a semester practicum of thirty-two hours per week for two students in the area of therapeutic recreation — one from Northeastern University and the other from University of Massachusetts-Amherst.

The requests from extramural sources for consultative and teaching services continue to increase. Requests from international visitors for observation visits, for clinical experience in intensive and special care units, for registration in Staff Education programs, and for copies of procedures, protocols, and policies continue to test our equanimity and ability to serve! A word of special thanks is due the nursing staff members who have given so generously and cordially of their time and materials in the provision of this service.

At this time, we would like to express once again our appreciation to *all* the MGH staff, both intra- and extra-departmental, who have and continue to make our teaching effort viable. Without their interest and support, this report would not be possible!

Nursing Studies

The Office of Departmental Studies reports a busy and productive year. The three full-time and two part-time staff, from their crowded quarters on White I, continue to generate a wide variety of data and to provide a spectrum of consultative services which are essential to the ongoing operation of the Department and the institution at large. In this report, a few of the staff's multifaceted activities will be highlighted.

— For the past five years, this Office has been involved in an ongoing statistical analysis of the Reports of Accidents and Unusual Occurrences involving patients and personnel as well as those occurring in patient care areas. In the past year, the Operating Room Nursing Service has initiated a much-needed incident report system. In 1973, the monthly average of reports

filed with this Office was 379. The analysis and follow-up procedures have given impetus to a series of corrective action programs. For example, concerns about patient safety are directed to the Department's Patient and Personnel Welfare Committee; those about personnel to this same committee or to the hospital's Safety Committee; and those about medications and intravenous therapy to the Medication Review Board of the respective nursing service. We believe that this system of surveillance and remedial action is intimately interdigitated with the institution's active pursuit of quality control and assurance.

— The major activities of the Department related to budget preparation, review, and control center in this Office. A full-time and part-time staff member devote the majority of their time to this time-consuming but essential endeavor. The size and complexity of the Department require close budgetary surveillance. During the past year, an orderly system of comparative analysis of monies budgeted versus spent has been inaugurated on a monthly basis. These staff members serve as the official liaison with the Data Processing, Accounting, Personnel, and other related Departments.

— This Office spearheaded and coordinated an interdisciplinary project which culminated in the publication of a much-needed hospital-wide *Manual on Isolation Techniques* in September 1973. The Department wishes to express its deep appreciation to the staff of the Department of Infectious Diseases and to the Committee on Infection Control for their generous contribution in time and expertise in the achievement of this milestone. This Office coordinated the follow-up instruction sessions which were attended by more than 560 hospital personnel from 10 hospital Departments.

— This Office continues to serve in a consultative and resource capacity to members of this and other Departments in a wide variety of applied research. A major effort is expended in the evaluation of equipment and supplies prior to purchase. These studies are conducted for the most part at the request of the interdepartmental Standardization Committee. In the past year, these evaluations included such items as geriatric chairs, chest suction, electronic thermometers and Feltex slippers. Again, we believe this is an important effort in the interest of quality assurance and cost containment. The studies conducted are not limited to equipment and supplies — as can be demonstrated by such titles as *Cardiac Surgical Patient Flow Study; Unit*

Dose Medication Project - Burnham 4; Review of Nursing Office Records, etc.

— Data collection and continuous updating of the computerized Nurse Data File has been an ongoing activity of the Office. The data file now contains current data on nursing personnel in all areas with the exception of the Phillips House and Ambulatory Nursing Services. The former is presently being updated. Another dimension was added to the nurse data file this year with the inclusion of the continuing education programs completed by staff members. Program changes are being incorporated to include the continuing education units accrued by each staff member — an important feature in light of the current surge of interest in legislating evidence of continuing education as one criterion for relicensure.

We are deeply grateful to the staff for their superb leadership in the committee endeavors of the Department and for their always willing and cordial acceptance of an additional data collection assignment or related task.

Concluding Statement

The announcement of Dr. Neumann's resignation in June, 1973 was an occasion of genuine sadness for those of the staff who had come to know and love him during his many years of service as Administrator. During my short term as Director, I was privileged to know him as a strong leader, patient teacher, wise counselor, and loyal friend. Despite the void left by his departure, we rejoice in the honor bestowed upon him by the Rockefeller Foundation and wish him success and happiness in his new pursuit.

The appointment of Miss Isabella Tighe to the newly-created position of Patient Care Representative in July, 1973 was welcomed by the Department. In this short period of time, she has clearly demonstrated the need and contribution of an objective administrative liaison for patients and families.

We remain deeply grateful for the continued support of Dr. Sanders and the administrative officers, the continued cooperation of our many colleagues, and the continued dedication and commitment of the Departmental staff.

MARY E. MACDONALD, R.N.
Director, Department of Nursing

Report of the School of Nursing

Beginning with the opening celebration in May and culminating in three days of observances on September 28, 29, and 30, 1973, the activities related to the Centennial of the School of Nursing paid tribute to the 100th anniversary of nursing and in particular to the struggles, accomplishments, and significant achievements of this School of Nursing and its graduates. In doing so, it also gave recognition to the many individuals, groups, or departments within the hospital and the community groups and agencies that have helped to make possible the kind of contributions which the School and those associated with it have made throughout the years, throughout the country and the world.

The heartwarming and joyous response of the 1,100 who attended was gratifying to the myriad of people, including members of the Building Service, Maintenance, and Dietary Departments as well as alumnae, students and School of Nursing staff, who so generously gave their time, talents, and energies in preparing for and carrying out the Centennial and Homecoming activities and tending to the infinite details beginning in 1971 and continuing long after the final curtain rang down.

In building an historical bridge between the time of the courageous inception of the Boston Training School for Nurses in 1873 to the present, the Centennial highlighted the challenge which the School has assumed to build upon and extend the heritage of the past, maintaining a goal of exemplary service to the public while developing its new missions and directions for the future.

The theme of the program, "Social Impact of Nursing, Past, Present and Future," stressed the need to consider and to plan for the School of Nursing in the framework of society; of social change; of far-reaching and insidious political and economic influences; of changes in education, in the regulation of health-care systems, settings, and health workers; in science and technology; in changing roles, value systems, and life styles; in changing aspirations and expectations of students, of consumers of health care and of employers.

The past year required constant monitoring and grappling with diverse uncertainties, issues, constraints, and enabling influences, as well as the changing hospital goals, priorities, patterns of care and policies which seriously affect our planning, our ability to implement the School's program, and our ability to serve the hospital and its goals

effectively. Efforts were made to improve communications in some areas where the faculty's perceived lack of information about changes in patient-care policies, practices and procedures prevented them from teaching, in the clinical setting, in a most effective and satisfying manner.

Faculty study of the School's philosophy and objectives and future directions for the School encompassed both immediate and long-term goals. The philosophy and objectives were revised to reflect the faculty's belief in the need to be cognizant of issues and trends in nursing and society; to provide an environment which encourages and supports the student to carry out sound personal health practices and to become aware of those aspects of himself through which he can experience growth and assume the responsibility for fully realizing this growth; and to be aware that learning is fostered when there is freedom to question, explore, share and evaluate one's learning experiences. In faculty studies of future directions for the School, several beliefs emerged: the need to preserve some of the strengths of the present program, emphasizing development of clinical competence and judgment built upon a sound theory base; the need for a professional nurse level program, with preparation for leadership, in association with MGH to best utilize its resources and to make a contribution to its goals; the need to develop a plan for college credits to be earned by students to facilitate their career and educational mobility; and the need for more opportunities for graduate-level education in nursing in order to develop the skills necessary for advanced practice, teaching, and independent as well as interdependent roles.

The hospital's decision to renew its activity in determining the feasibility of amending or changing its Charter to obtain legal authority as an institution of higher education, with degree granting authority, led to consideration of some possible options open to the School of Nursing. Through the process of consultation and deliberation during the late summer and early fall, it was determined that the feasibility and desirability of developing an upper division nursing program, requiring two years of college prior to entrance, or a graduate level nursing program, requiring a non-nursing baccalaureate degree for entrance, would be studied and determined through the mechanisms to be established within the hospital involving all of its educational programs and the Trustees Committee on Teaching and Education. This will be a painstaking process, one of great and far-reaching significance requiring input from many sources, and one which will bring us to grips with a dream or vision which many have had for the School of Nursing for many, many years.

Productive interaction and a collegial and responsible spirit among the various groups of faculty was enhanced by some of the activities mentioned thus far and in revising and further documenting the systematic plan for evaluation of the total School program and in undertaking an exhaustive study of the system for evaluating student progress. While an annual report of the School cannot chronicle in detail the accomplishments of the faculty and staff which are documented in School records, I commend them for their dedication, perseverance, and high professional standards.

Staffing Developments

The constraints on hiring, with no new positions approved in the face of an ever-increasing work load, mean that new ways must be sought to meet our objectives, priorities must be shifted, and each person must extend himself further. Efforts must constantly be made to prevent deterioration of morale and standards. An urgent need exists for a full-time financial aid officer; an educational media specialist; a faculty development, orientation, or an inservice education position, and additional secretarial staff. The annual revision and upkeep of various faculty manuals is a necessary but a very time-consuming task.

The faculty organization was studied to determine the ongoing necessity for some existing committees. The Committees on Faculty Development and Audio-visual Aids were eliminated and the overall functions assumed by Mr. Richard Tierney in his capacity as Coordinator for Program Development and Educational Resources, with continued input and involvement of the faculty but by a direct or *ad hoc* committee route. Ongoing activity was also directed toward evaluating faculty work load and the distribution of activities and policies that would encourage and allow for faculty to engage in continuing education, professional activities, and development, and toward evaluating and revising the School's program. The *ad hoc* committee to study faculty work load is continuing its activities and developing recommendations.

Miss Eva Hicks, who retired as Administrative Assistant after twenty-eight years of able and devoted service, assisted in the reevaluation of the functions and activities of that position. Subsequent accommodations were made, reappraising, reallocating and tailoring functions of various secretarial positions to assume some functions of the former Administrative Assistant. The remainder of the functions were assumed by Mr. Francis White, also serving as Financial Aid Officer. These changes also resulted in a complete review of the student record

system and methods were instituted to facilitate the initiation, flow, upkeep, and functional purpose of the School's records for applicants, enrolled students and graduates. Increasing requests for detailed documentation of curricula offerings while they were enrolled in the program are being received from graduates undertaking continued education and seeking advanced placement or course exemptions.

While there were fewer resignations in general, two areas, maternity nursing and nursing care of the ambulatory patient, had an almost complete turnover and one vacancy was carried for much of the year, filled periodically by part-time staff. This one unstable situation presented obvious difficulties for the remaining faculty and administrative staff. There were 8 resignations, 3 educational leaves of absence, 2 maternity leaves of absence, and 2 retirements. Resignations were mainly at the assistant instructor level and several of these positions were filled from among present staff. Several positions were also filled by former faculty members, and this too added to a good spirit and continuity.

Once again there were many applicants for teaching positions, with many interviews held and credentials processed. Many inquiries are received from applicants before our vacancies are known and since we compete for qualified faculty with other schools in the area, also anxious to fill vacancies, we sometimes lose good prospects. This past year the cutback in Federal funds resulted in applications from former university faculty whose grants had expired.

The change in the hospital's vacation policy, decreasing from four weeks to a three-week vacation for new faculty, hampered our recruitment. Since most schools in the Boston area are on a shorter academic year, the administrative staff conducted a general survey of salaries and vacation or released-time policies in area schools. This was of some help in interpreting the new hospital policy to our faculty and to those interviewed.

The faculty evaluation program shows that they have responded to assuming responsibility for their own further professional and educational preparation. A noticeable upswing in attendance at workshops, seminars, and courses at local universities shows tremendous growth and involvement with heavy use of the hospital tuition aid and workshop registration plan, which is a magnificent benefit. Record attendance at faculty-initiated/sponsored in-service programs was accompanied by increased inquiries into programs. School-sponsored programs have been open to hospital staff, Nursing Department Staff Education personnel, faculty of the Shepard-Gill School of Practical Nursing, and the Boston School Department nurses. Planning for

cooperative relationships with the Nursing Department Staff Education Division has been facilitated. Certification of a faculty member by appropriate Staff Education personnel was required for teaching certain procedures such as deep endotracheal suction, mixing intravenous medications, defibrillation, and changing hyperalimentation dressings and tubing.

Faculty sponsored workshops on curriculum design and implementation, with staff from the Harvard School of Public Health Teachers Preparation Group, and on the Problem Oriented Medical Record system enhanced curriculum planning and the faculty's ability to support and initiate change and improvements.

Resources and Facilities

After seven years of heavy use, Ruth Sleeper Hall was refurbished — walls were painted, the student lounge redecorated, new furniture obtained for some teacher and secretary offices, and new curtains put in the faculty lounge. It gave us all a lift.

With the demise of the Parkman Street and 30 Blossom Street residences, the male students were integrated into the Walcott House and 20 Charles Street residences.

The increased use of classroom and conference room facilities by other groups on days, evenings, and Saturdays, has added to the intricacies of scheduling.

The loss of space for teaching in the Operating Room has necessitated schedule adaptation and changes in teaching. Plans are being projected for the development of a simulated teaching facility for certain operating-room and maternity-nursing experiences.

Planning for clinical experiences for students in cooperation with other schools becomes increasingly complex, and initiative, foresight, and alternatives are necessary. Since requests for experiences are often not finally confirmed until the end of the school year, curriculum plans are delayed or need to be changed; and peak typing loads result.

Changing health problems, patterns of care, and patient census continue to affect the availability of experiences, type of experience, and climate of learning.

This past year the facilities of the Massachusetts Rehabilitation Hospital were effectively utilized for approximately 70 students during the year. Both the slower pace and long-term care which allowed for following the patient from acute through extended care phases made this a worthwhile freshman experience.

Changing emphases in the course now titled Mental Health Nursing, with more focus on community mental health, have stimulated

consideration of the use of additional facilities for this purpose.

The most significant developments were in maternity nursing. The maternity nursing experience at Boston City Hospital became more limited throughout the year and careful planning was necessary to assure that each student received adequate experience. Mid-year we were informed that as of September 1973 the facility would no longer be available to us. The current trends in maternal and child health, such as family planning, abortion, the drop in birth rate, the concern for maternal health in general rather than just during pregnancy, and the importance of the family as a whole coupled with the ongoing problem of many schools clamoring for maternity experience in limited facilities, led us to search for an appropriate alternative. Although the philosophy of the course remained basically the same, the change necessitated revision of the course objectives and criteria as well as some of the course content.

In January 1973 it was necessary to revise the student assignments at the Boston Hospital for Women, Lying-in Division. The newborn nursery was no longer available to us as the transition to family centered care and more rooming-in was made. Since that time the students have been receiving more experience in the Family Unit where both mother and infant are cared for together. The two-day experience in the Special Care Nursery was retained.

As of September 1973 we began using the Boston Hospital for Women, Parkway Division, for maternal nursing experience with emphasis on the nursing care of women with problems related to the reproductive system at times other than during pregnancy. This comprises one half of the maternity nursing experience. The other half continues to take place at the Lying-in Division where experience in labor, delivery and care of the mother and of the normal and abnormal newborn is provided.

The problems encountered in utilizing guest lecture and doctor's office experience increased. Frequent last-minute canceling of classes and observational experiences created major problems. Thus it was necessary to maintain a minimum number of guest lectures and discontinue the observational experiences in doctors' offices. We hope to reinstate the latter in conjunction with the Parkway Division experience.

The Palmer-Davis Library, being a special and an academic library, is continuously involved in self-assessment with standards that pertain to both special and academic libraries. The role of the library as the central point in curriculum and curriculum design is the highest priority that has been established for the functioning of the library,

and the implementation of this ideal and goal is the constant focus from which service and collection growth are measured. Information and communication are the key concepts, and this is followed by the library and the library staff being the interface between the students, faculty, and curriculum.

Within the past four months, one significant factor in the library's accomplishment is the interlibrary communication and cooperation that has become an integral part of the library's function. With the Boston College School of Nursing Library, Treadwell Library, the Erich Lindemann Health Center Library, and the Monroe C. Gutman Library of the Harvard Graduate School of Education, the formation of communication is beginning to be realized. The sharing of resources of several libraries is the goal, and the enthusiasm is very positive.

Other library developments included extension of hours; installation of additional shelving; institution of security measures to limit losses; microfilming of shelf listings as a precaution against fire; evaluation of the preservation, cataloging, and storage of historical documents of the School and their accessibility for research and other purposes; a reevaluation of expenditures, budget, and income because of increasing costs of publishing materials and decreasing discounts given to libraries by publishers; investigation of copyright laws due to increasing requests for reproducing articles.

Curriculum

While planning for clinical laboratory experiences and integrating these into the curriculum was one of the major efforts, curriculum evaluation, revision, and refinement was ongoing. Some of the developments are summarized as follows:

— Considering implications for curriculum of the statements, goals, and standards of the national and state professional organizations.
— Reviewing and documenting the planned community-based observations for students throughout the program to ensure integration of community health concepts and experiences.
— Initiating home visits by students to pre-selected clinic patients with policies and guidelines developed.
— Expanded content about environmental health problems.
— Continuing to determine ways of implementing the open curriculum concept providing for progression of students through the program on a more individualized basis in terms of past experiences or because of an interrupted program.

— Clarifying protocols, policies, and legal implications of providing learning experiences for students in certain advanced procedures.
— Aligning school calendar and terms for all three years and providing equitable spread and distribution of learning experiences.
— Considering implications of attendance, employment, and health policies in relation to the student's ability to engage in planned curricular experiences and the responsibility which the student assumes in making choices.
— Increasing exploration of self-instructional and audiovisual media.
— Instituting discussion groups in some courses and expanding tutoring services.
— Revising record cards and forms in light of curriculum change and developing a transcript profile.
— Investigating and deciding against computerized reports involving grades, averages, and quality point ratings.

A significant achievement was the receipt of a Capitation Grant award (Under the Nurse Training Act) in the amount of $30,530.00 and with an additional $39,000.00 to be received pending release of impounded Federal funds. Our request for a waiver of increase in enrollment was granted. Under the grant conditions a commitment was made to carry out or establish five, rather than the necessary three, projects as specified:

(1) Projects to establish cooperative intradisciplinary training among schools of nursing with a view toward establishment of interchangeable curriculum or shared use of resources.
(2) Projects to assist in increasing the supply of adequately trained nursing personnel or to promote the full utilization of nursing skills.
(3) Projects to effect significant improvements in the curricula of schools of nursing (including projects with a view toward the assumption of greater patient care responsibilities).
(4) Projects to provide inservice or other training and education to upgrade the skills of licensed vocational or licensed practical nurses, nursing assistants, aides, and other paraprofessional nursing personnel.
(5) Projects to increase admission to, and enrollment and retention in, such schools of qualified individuals who, due to socioeconomic factors, are financially or educationally disadvantaged.

Student Personnel Services

An opportunity was provided for direct, comprehensive evaluation by the students through a questionnaire developed by the staff and designed to cover all aspects of the Student Personnel Services. The results were used to establish goals and develop programs for the coming year. The newly instituted Student Enrichment fee will be used to support a broader range of recreational and educational activities and extra-curricular events for the students. Because of the large number of applications to the School of Nursing, recruitment activities serve largely to provide counseling about health education and career opportunities; to offer a chance to visit the School and tour the hospital, and to attempt to reach minority groups. A member of the staff participated in the National Health Manpower Education Conference for the Spanish Surnamed. The excellent attendance at our open houses necessitated holding the programs in larger quarters, and the form of the Spring Open House was changed to better meet the needs and interests of the heterogeneous audience, with two separate and simultaneous programs being held. The traditional program, including slides and a description and discussion of nursing education programs, was held for those visiting the School for the first time, and a special program was held with an overview of freshman courses and student life and get acquainted exercises for students appointed to the class entering in September 1973.

The counseling services, with a decrease in full-time counseling staff due to the heavy increase in administrative and admissions functions which had to be assumed by the other members of the staff, continues to notice a shift from individual to group counseling. Five Open Forum Meetings were held in one of the residences, initially in response to academic stresses and to direct specific concerns to appropriate decision-makers. A higher education night was held to provide specific information and discuss the process of diploma program graduates matriculating in baccalaureate and higher degree programs. Material was available from 50 baccalaureate programs that responded to our invitation.

Because the time needed to work with the two graduate students in counseling drew heavily on our staff, and the graduate students' time to actually engage in counseling was limited, future consideration needs to be given to having graduate students have their practicum in all aspects of Student Personnel Services, rather than solely in counseling.

Biweekly consultation services provided by Dr. Alan Jacobson, upon Dr. Robert Bragg's departure, focused on three major areas:

case presentations; developing a smooth referral system; and improved communications within the Student Personnel Services.

Since the tuition increase of $500 and the plan of students assuming cost of their meals went into effect in September 1973, assistance was offered the students in budgeting, planning to meet expenses, ways of economizing, and planning nutritious low-cost meals. Eight new stoves and nine new refrigerators were purchased for the residences to double the capacity for preparing meals in the residences. The transition from a meal ticket plan to students assuming full cost of their meals has met with resistance and some alienation of students. Acceptance has been slow in coming and necessitated adjustments in the usual pattern of living but with perhaps a healthier respect for the responsibilities inherent in assuming more independence. Students on the Financial Aid Committee reported that the budget allotment for meals, in calculating student expenses for financial aid assistance, seemed to be a realistic one in terms of current food costs.

Student Health Services are a significant aspect of the program and a comprehensive review of student health policies was initiated. Some of this was precipitated by the difficulty in scheduling physical examinations around the students' and physicians' schedules and the Department of Public Health's new policy relative to performing "routine" chest X-rays. Due to the incidence of the diseases, immunization for rubella and rubeola became a requirement. Situations concerning the therapeutic regimen of some students and the implications for their health maintenance practices received attention to facilitate the implementation of their health care plans. In relation to referrals to the MGH Clinics, a new price scale and changes in the billing procedure since January 1973 have had a big impact on the budget of the Student Health Clinic, and efforts have been ongoing to improve communications and provide a more precise accounting statement of services for which costs were incurred so that optimum health services might be obtained and forecasting and planning expenses and income can be made on a sounder basis. A statistical comparison of the rate of student absenteeism for health reasons did not change to any degree numerically, but freshmen students had an increase in the number of ill days.

Admissions

The spiraling work load in admissions necessitated changes in committee procedures so that all applicants receive the attention that is essential in this sensitive and pivotal aspect of the School's functions, while facilitating the final selection process. Applicants clearly not

meeting the established and specified criteria were notified of this fact earlier than in the past so that alternate plans might be made.

Many counseling interviews were scheduled, offering information on all programs in nursing and/or in health careers, and additional education needed, either to make up deficits or improve academic skills. Many applicants were encouraged to enroll in remedial reading and/or mathematics. Scheduling interviews throughout the country continues to be time-consuming and difficult to arrange, but we greatly appreciate the help of alumnae who have served as interviewers in their locale.

Correspondence continued to be very heavy, especially to college graduates, to those in college, to men, to those requesting permission to transfer, to L.P.N's, and to those applicants from foreign countries.

Approximately 5,500 catalogues were distributed in the 1972-73 year to forty-four states, England, France, seven provinces in Canada, several countries in Africa, to India, Australia, the Philippines, and Guam.

The Committee voted in January to stop processing applications. Applicants who applied after this time were given the option of applying and being placed on a waiting list or to be processed for the 1974 entering class. Ten spaces were saved for late applicants with unique backgrounds and circumstances and five spaces for resigned students seeking re-entry. On March 20, 1973, the first waiting list of ten was established. As this list was depleted, further lists were established and applicants were appointed throughout the spring and summer.

Statistics

Applications Received	545
Applications Processed	498
Applicants Reviewed	346
Applicants Appointed	181
Applicants Rejected	81
Applicants Withdrawn	148
Men Appointed	12
Men Who Entered	9

Number Expected September 11, 1973	132
Number Entered September 11, 1973	129

Number of interviews: 381 women
40 men

Number of requests for applications or information:

College graduates	60
College background	120
Transfer	21
Men	70
L.P.N's.	12
Applicants from outside the U.S.	40

The number of applications is based on those received prior to January, or those requesting to be considered for the waiting list.

Background of Students Entering in 1973:

Class Rank:	55%	1st Quartile
	30%	2nd Quartile
	15%	3rd Quartile
	0%	4th Quartile
	7%	(Not obtained)

CEEB Test Scores:

Verbal Mean Score	490
Mathematics Mean Score	503
English Mean Score	504
Level 1 Mathematics Mean Score	494

(These scores are lower than in the past, reflecting a national trend. Possible reasons and implications for selection were considered. The correlation of these scores with success in our program is not as significant as record of secondary school achievement.)

4 Students have test scores over *700*
26 Students have test scores under *400*

10 Students have 4 years of college BS/BA degree
3 Students have A.A. degrees
19 Students have one semester through 3 years of college
2 L.P.N's
46 Students are older with educational, military, employment, parenthood, or other unique life experiences in their background.
3 Black students and 2 oriental students are part of this class.

Financial Assistance

With the addition of new aid programs, having unique application procedures and eligibility requirements, administering a financial aid program becomes exceedingly complex. The daily record-keeping tasks require the continuous concentration of at least one individual. The Financial Aid Officer simultaneously must have time to look at national trends and their possible impact on current programs. Only through the employment of a permanent, part-time bookkeeper/typist, can the system run smoothly.

Financial Need Analysis

The Financial Aid Committee has used the Parents' Confidential Statement/College Scholarship Service as the agency to compute financial need. In that the Basic Educational Opportunity Grant Program, funded through H.E.W., has contracted with the American College Testing Program (ACT) to compute financial need for this new and expanding aid program, the Committee should consider the value of using ACT as its agency to compute financial need. This would simplify the application process and minimize bookkeeping. All students applying for aid must complete a minimum of two different aid applications as a result of School participation in four federally-funded aid programs. The guidelines for relevant applications are outlined in the Financial Aid Manual, prepared by the Financial Aid Officer, and literature is distributed to aid applicants.

New Programs

1. *The Educational Opportunity Grant Program* (E.O.G.), now called the Supplementary Educational Opportunity Grant Program (S.E.O.G.), was administered through the Committee on Financial Aid for the first time this year. As an outright grant it has added scholarship funds for students while adding only minimally to the work load for the Financial Aid Officer.

2. *The College Work-Study Program* (CWS) was also administered through the Committee on Financial Aid for the first time this year.

While adding substantially to the amount of aid available to the student body, it has simultaneously done so for the Financial Aid Officer, Nursing Service, and the Accounting Department. As a first-year participant in this program, which requires bookkeeping, the School met many obstacles. Most of these record-keeping tasks have been worked out, and the second year of participation begins with more clearly defined guidelines and administrative support within the hospital.

3. *The Basic Educational Opportunity Grant Program* (B.O.G.) is just coming into existance as the year ends. The Committee on Financial Aid does not determine need, as application is made by the student to the Office of Education. Awards are made to the School through an exchange of a voucher possessed by the student and submitted to the Office of Education by the Financial Aid Office. This program leaves the Financial Aid Officer responsible for record-keeping, but removes him from the position of determining financial need.

Existing Programs

Those programs funded under the Nurse Training Act of 1971, *Nursing Student Loan* and *Nursing Student Scholarship,* continue to be administered in smooth fashion. The academic year 1972-73 marked the first year that the MGH School of Nursing did not receive the amount of funding it requested, since total requests from all schools exceeded appropriations, resulting in a reallocation of awards by formula. The decrease presented great stress and need for considering alternate financing means and a loss of some applicants.

Institutional funds continue to represent a significant percentage of awards made to students. Changes in the Federal Guaranteed Student Loan Program presented an additional load for Financial Aid Officers who must now complete for each such application two forms stating the cost of the program, the financial aid which the student has been awarded through the School, and the estimated family contribution, utilizing appropriate forms for that determination and then recommending the amount of loan on the basis of foregoing data.

Both Mr. Paul Wheelock and Mr. Francis White are to be commended for their increasing skill, untiring efforts, and concern for the students in sound financial planning and the management and direction of a flexible, broad program, highly intricate and complex in nature.

AWARD ACTIONS AND STATISTICS

	Freshmen	Juniors	Seniors	Total
Applicants for Aid	56	83	60	199
Recipients of Aid	53	58	53	154
% of Class Receiving Aid	33%	53%	51%	45%

AWARDS THROUGH COMMITTEE

	Freshmen	Juniors	Seniors	Total
Fed. Nursing Student Loan	$17,310	$20,900	$15,762	$ 53,972
Fed. Nursing Student Scholarship	7,033	18,227	10,390	33,650
Educational Opportunity Grant	0	4,325	3,110	7,435
College Work-Study	0	4,144	5,544	9,688
School Scholarship Funds	9,651	900	2,532	13,083
Carpenter Scholarship	2,100	0	0	2,100
Kemper Scholarship	600	1,000	900	2,500
Total Aid Through Committee	$36,694	$49,496	$38,238	$124,428
Average Aid Through Committee	$ 853	$ 853	$ 721	$ 808

AWARDS NOT THROUGH COMMITTEE

	Freshmen	Juniors	Seniors	Total
State Scholarships	$ 1,800	$ 2,700	$ 3,010	$ 7,510
H.E.L.P. (Bank) Loans	17,000	16,450	8,200	41,650
Hometown Scholarships	4,808	1,550	1,200	7,558
Alumnae (MGH) Scholarships	0	400	700	1,100
Total Aid Not Through Committee	$23,608	$21,100	$13,100	$ 57,818
Total Aid Received By Class	$60,302	$70,596	$51,338	$182,236

RANGE OF AWARDS AND QUANTITY OF RECIPIENTS

RANGE	QUANTITY OF RECIPIENTS			
	Freshmen	Juniors	Seniors	Total
$ 1 - 300	4	5	8	17
301 - 600	12	14	8	34
601 - 900	8	10	14	32
901 - 1200	8	10	12	30
1201 - 1500	11	13	11	35
1501 - 1800	0	6	0	6

FEDERAL FUNDING FOR STUDENT AID 1972-73

	Requested from HEW	Received from HEW
Nursing Student Scholarships	$ 60,000	$36,510
Nursing Student Loans	70,000	45,758
Educational Opportunity Grant	55,000	9,110
College Work-Study Program	116,000	12,147

Comments on the Statistics

The percentage of the student body receiving Financial Aid through the Committee continues in the mid-forties. A lower percentage of Freshmen are recipients of aid (33 percent) than times past as a result of increased applications for bank loans.

The total number of students receiving aid (154) is one higher than last year; however, the total amount of aid awarded through the Committee is approximately $3,000 lower. This lower figure ($124,428) is such not because of less financial need on the part of the student body but because of less financial aid available through the federal government.

To supplement this need, students were directed to banks for application for the Federal Guaranteed Loan, or HELP Loan. Students received some $41,650 from these sources, or $30,000 more than last year. The total amount of aid received by students ($182,236) was some $19,000 more than the previous year, while bank loans represented 20 percent of that aid this year as compared to 7 percent last year.

As federal monies are cut back, more students will need to look to long-term loans through local banks. The self-help concept for financing one's education appears to have strong support in Washington as scholarship funds are decreased. The Nurse Training Act of 1971, which supports Nursing Student Scholarships and long-term, low-interest, cancellation-benefit Nursing Student Loans, is a Public law effective through fiscal 1974. There seems to be little indication that federal scholarships and loans specifically for nurse training will continue to be available, except as a phase-out mechanism or to increase the supply of health manpower in certain underserved areas. The long-term direction of aid, to all students, appears to be in the form of long-term, low-interest loans through banks, combined with a flat grant (BOG) applied for by the student directly to the Office of Education within H.E.W. With the escalating costs of higher education, students will need to bear a significantly greater responsibility for meeting the costs, supplementing financial aid with increased earn-

ings. With limited funds available, the Committee must ensure that awards are made judiciously, possibly establishing across-the-board percentages of awards since total need most likely cannot be met.

During the year the School participated in a Student Financial Aid Program Review of the College Work-Study Program and the Educational Opportunity Grants Program conducted by the Senior Program Officer of the Regional Office of the Department of Health, Education, and Welfare, Bureau of Higher Education. Recommendations centered around additions to the financial aid application form, adjustment in calculating student wages eligible for federal contributions, and the need to provide a full-time position for a Financial Aid Officer with clerical assistance due to more processing details and calculations of need analysis.

Members of the adminstrative and student personnel services staff also met with two visitors from the Regional Office, Department of Health, Education and Welfare, reviewing hospital and School compliance with the Civil Rights Act. We were encouraged by these two surveys, which were supportive and stimulating.

Our continued thanks must be expressed to the hospital administration and the Trustees for their assistance and support of the educational goals of the hospital as well as those devoted to direct health care services, and to Dr. Ellsworth T. Neumann for his understanding and support over the years.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

SEPTEMBER 30, 1972

Full-time Faculty	63
Nurses	53
Non-nurses	10
On L. O. A.	3
Part-time Faculty	3
Nurses	2
Non-nurses	1
Nursing Students (MGH)	
Freshmen	133
Juniors	110
Seniors	101
Total	344

Report of the Advisory Council to the MGH School of Nursing

During the period from September 1972 to May 1973 the Advisory Council to the MGH School of Nursing held six meetings. At the first meeting, Dr. Charles A. Sanders, the newly-elected General Director of the MGH, was given a most enthusiastic welcome by the council members. He responded by thanking everyone and by promising to attend as many council meetings as his busy schedule would allow. He concluded by stating, "My door will always be open to you."

During the course of the entire season Miss Natalie Petzold, Director of the MGH School of Nursing, kept the council members *au courant* concerning the manifold activities of the Nursing School. At our various meetings she gave complete and informative reports on such topics as the admissions program, the financial aid situation, the problems of faculty recruitment, the core curriculum changes, and the rationale behind the increased tuition costs, just to mention a few.

During the past year one immediate concern of the Advisory Council was the introduction into the state legislature of a bill relative to the practice of nursing in Massachusetts. This controversial bill, if enacted into law, would have radically altered both the entrance into and subsequent practice of the profession of nursing. In concert with other statewide nursing organizations, the Advisory Council so effectively opposed the passage of this proposed legislation that it died aborning. Miss Mary E. Macdonald, Director of the Department of Nursing and a member of the Advisory Council, spearheaded our activities in this regard.

Throughout the year the Council was involved in the preparations that were being made for the centennial celebration of the founding of the School of Nursing. This gala celebration, held late September 1973, included Mrs. Harris Fahnestock, a former Chairman of the Advisory Council, as a featured speaker at the opening exercises.

It is with a deep sense of profound sadness that we record the death in April 1973 of our immediate past Chairman, Mrs. Marie S. Andrews. Mrs. Andrews, a tower of strength on the Council for many years, will be long and fondly remembered for the many valuable contributions she made both to the Council and to the School of Nursing.

In closing I wish to thank each and every member of the Council for the assistance they have given me, a novice chairman, and in particular I wish to commend our most efficient secretary, Miss Margaret Ryan, for the complete minutes of our meetings which she so promptly produced.

MAURICE J. DOWNEY
Chairman

Report of the Social Service Department

The past year has been marked by several societal themes which have influenced the functioning of the Social Service Department. Among these has been the emerging influence of the consumers in our neighboring communities. Increasingly involved and concerned citizens have articulated their needs, desires, and problems related to obtaining comprehensive and continuous health care and through several avenues have entered into deliberations with the hospital.

A major share of my time during the past year has been invested in the development of the MGH-Chelsea Health Center. Following lengthy negotiations with representatives of consumer groups, health care professionals, the city government, and Chelsea Memorial Hospital, the MGH-Chelsea Health Center moved into a building donated by the Chelsea Memorial Hospital at 111 Bellingham Street, Chelsea, and is providing primary health care to adults and children in the area. We are most appreciative of the financial assistance provided the hospital and the community from the Edna McConnell Clark Foundation, the United Community Fund, the Permanent Charity Corporation, and the federal government through the Children and Youth Grant.

This community-based program is a direct aid to the Social Service Department in the hospital in our attempts to maintain patients in their own homes and to insure preventive and rehabilitative services. The Chelsea-Revere area has been lacking in services, and patients from these communities have represented a sizable percentage of the caseload of our department. In addition to the services provided by the Health Center, linkages have been established with the Boston Visiting Nurse Association (which now provides home care in Chelsea); the Boston Children's Services, which has agreed to assign a social worker who will be located in the Health Center and will work with its staff; and the Division of Family and Children's Services of the Department of Public Welfare, which has agreed to a similar arrangement. Transportation arrangements are being developed with the aid of Mayor Philip J. Spelman. Programs are being developed in collaboration with the Chelsea-Revere Home Care Program, the Chelsea-Revere Mental Health Clinic, the Hebrew Drop In Center, and the director of the housing projects for the elderly. These new and linked

services will provide an opportunity to assist patients in their own homes by community-based services.

The hospital took another major step toward insuring appropriate channels of communication during the year in establishing the Patient Care Representative office. During the spring and summer, Dr. Sanders created a committee, which I chaired, to investigate the need and feasibility of establishing this service in the hospital. Mrs. Rhoda Isselbacher generously contributed her time in order to assist the committee in surveying the literature and other programs and in formulating the program. In August, Miss Isabella Tighe joined the staff as Patient Care Representative. Miss Tighe came to us with excellent prior experience and qualifications and quickly established solid working relationships with several departments, including Social Service.

The year's work of the Social Service Department continues to reflect in a major way the increasing concerns of government regarding appropriate utilization of hospital resources. As a result of Department of Public Health licensure requirements, hospitals are now required to have continuing care units, and these units are required to conduct early screening of every admission to determine whether or not assistance with discharge planning will be needed. In July, CHAMP (Commonwealth Hospital Admissions Monitoring Program) was activated in the hospital. Three coordinators from this program now certify each Medicaid admission for length of stay, and the requirements of this program require social service review of each patient's need for assistance with discharge planning within the first few days of admission to the hospital.

The Transfer Office of the Social Service Department was established in 1964 in anticipation of the Medicare program. This office fulfills the Public Health requirment for a continuing care unit, and no additional staff or expenditure of funds were necessary to meet the new requirements. The Department of Public Health has accepted floor rounds as a suitable method of early screening.

Each week on every floor except in the Phillips House rounds occur and patients' needs are reviewed. The Department of Public Health has indicated that within a year they will expect similar rounds to occur in the Phillips House. These regulations have resulted in the formal screening and in many instances the provision of services to 14,845 inpatients of the hospital. In total, the department provided services to 29,601 patients during this past year, in contrast to 14,457 patients served during the previous year.

Though this theme is repetitious of last year's report, it seems important to underline the fact that these increases have occurred without additional staff and in some instances require us continually to allocate priorities and limit some types of services at some times. In addition, as we have analyzed distribution of the work load of the department, we have reallocated staff. This has resulted in additional services in the Baker Building and on the OB-GYN floors with decreases occurring in the clinics. Unlike previous years, the work load of the department was approximately as follows: 70 percent inpatient, 25 percent clinics, 2 percent Emergency Ward and 3 percent community programs.

The expenditures of ancillary funds by the Social Service Department again reflect the social issues of the year. The amount expended was $104,860.74. Transportation costs remained lower than in past years because of the economics of the mini-shuttle system instituted two years ago. Assistance to patients for emergency relief in meeting crisis situations was higher and reflects more stringent welfare regulations, the higher cost of living, and higher unemployment in society as a whole. The other major items were home health aides, camp for children, and tuition for assistance in rehabilitation programs.

The department is indebted to the following for their assistance in meeting these needs of patients:

American Cancer Society (Massachusetts Division)
Edward V. Bird Trust
Dorothy Boardman Fund
Boston Rotary Club
Boston Safe Deposit and Trust Company
John W. Boynton Trust
Estate of Lotta M. Crabtree
Fragment Society
Ladies Visiting Committee of the Hospital
Lend-a-Hand Society
Mr. and Mrs. Charles E. Merrill
I.V. Nurses of the Hospital
Blood Bank Nurses of the Hospital

The department has continued educational affiliations with Boston College, Simmons and Smith Graduate Schools of Social Work, and Middlesex Community College. A total of 21 students received a

nine-month period of field work with our department in the hospital and/or at Bunker Hill Health Center.

In June, Mrs. Evelyn MacLeod and Miss Dorothy Clark retired after a combined 80 years of service to the hospital. Both of these women served several generations of staff as responsible secretaries and are appreciated and missed.

ELEANOR CLARK
Director of Social Service

Report of the Bunker Hill Health Center and the Chelsea Health Center

A. Charlestown.

As a corporate extension of the MGH into the community the Bunker Hill Health Center (BHHC) seeks to fulfill a commitment to deliver community-based, family-centered care. Through the efforts of many persons, MGH'ers, community citizens, representatives of community, state and federal agencies, and particularly the first Executive Director, Dr. John P. Connelly, the health center has assumed the flavor, tonality, and character of Charlestown, the area it serves.

The staff has shared as partners with members of other community-based agencies in innovative program planning. The Kennedy Center, the Boston Department of Health and Hospitals, the Erich Lindemann Mental Health Center, the newly-opened Bunker Hill Community College, the Visiting Nurse Association, the clergy, the schools, and the Charlestown Activity Center are representative of organizations that share in the development of programs and the delivery of services with staff members of the health center.

Health education remains a high priority item among the goals of the BHHC. The shift in orientation from episodic care to continuing care has been a prominent indicator of the positive effects of health education delivered by individual staff members.

B. Chelsea.

Chelsea Child Health Center was housed at the Horace Memorial Baptist Church from October, 1971 until December 15, 1973. Following the completion of negotiations with the Board of Trustees and the Administration of the Chelsea Memorial Hospital, the MGH leased the former School of Nursing building named the Remick House from Chelsea Memorial Hospital and following renovations, the building, the MGH/Chelsea Health Center, opened for delivery of health services on December 17, 1973.

Children and youth funds continue to support the services being directed to children in Chelsea. In addition, the Clark Foundation has granted funds to the MGH for a program which will provide a spectrum of health services, including medical care to the elder citizens of Chelsea. Evaluation of this project will be supervised by the Harvard Center for Community Health and Medical Care.

Support for this project was provided by the Mayor of Chelsea, the

Chelsea/Revere Home Care Center, the Boston Office of the Visiting Nurse Association (which administers programs of that organization in Chelsea, Revere, and Winthrop), the Council for Aging, and other community agencies.

The pediatric staff of the MGH/Chelsea Health Center will also participate in the lead screening program of the city.

The rejuvenated staff of the Chelsea/Revere Mental Health Team of the Erich Lindemann Mental Health Center is also a partner in the increasing numbers of health care agencies which are offering programs for the citizens of this community.

Negotiations are currently underway between the Administrative Director of the MGH/Chelsea Health Center and the assistant commissioner of the Department of Public Welfare for the placement of a social worker from the Division of Family and Children's Service at the health center. Boston Children's Service Association, which has been involved in the delivery of services to Chelsea citizens, is also interested in placing two part-time social workers at the health center.

In conclusion, the most notable event in the various community programs north and east of the MGH has been the opening of the new MGH/Chelsea Health Center with expanded services, staff, and programs. This has occurred through the encouragement and cooperation of community, political, religious, social, medical, civic, and consumer organizations and especially the Mayor's MED Committee of Chelsea.

ANDREW D. GUTHRIE, JR., M.D.
Director

Report of the Medical Station at Logan Airport

In the past 10 years the annual patient census at the Medical Station has risen from 7,156 to 17,029. The peak census of 22,259 was in 1970. The decline in census between 1970 and this year is due to several factors, including a reduction in hours of coverage from 24 to 12, a change in immunization requirements, and a decrease in the number of travelers.

In 1972, nurse clinician coverage was reduced to 12 hours daily in order to satisfy the demand for cost-sufficiency. Physician coverage has increased slowly from 20 hours weekly to over 30 hours due to the different type of patient now being seen. Complete physical examinations for flight crews including pilots are now being offered. These aviation medical examinations are time-consuming and meticulous.

Several considered observations about this ambulatory care site are now possible; (1) the presence of a physician at established hours increases patient attendance or physician attendance generates patient response, (2) the major health care roles of urban telemedicine are in teleconsultation and in all facets of tele-teaching, (3) the practice of primary telemedicine from an ambulatory care site with the aid of the nurse in an extended role need not continue at this Medical Station, (4) the important and growing role for teleconsultation at an ambulatory care site a distance away from an acute care hospital must be considered by all health care planners, and, (5) the larger role of the nurse clinician, often called the nurse practitioner, in task-apportionment in medicine should be carefully reappraised.

Our well-care/sick-care patient admixture has changed considerably, especially in the past year. The dramatic decrease in smallpox vaccinations and the associated educational activities of our nurse clinicians in well-care made much additional sick-care time available, as noted later in more detail. Coincidentally, the increased community awareness of our availability has resulted in a growing attendance of workers and their families. More patients with non-work related injuries are also being seen daily.

We have continued the cautious development of the PROVE (Problem Oriented Visually Enriched) medical record. Although the techniques of simplified picture-taking are easy, the act of picture-taking, since it is not part of the usual process of care, tends to be forgotten. Nevertheless, to date, several thousand pictures have now been

taken and added to our medical records. The original visually oriented medical record was introduced here in 1972. The value of such photographs has been demonstrated regularly. Instant processing and direct insertion of pictures into the medical record, when it becomes cost-sensitive, will permit a rapid expansion of this new mode of medical record-keeping. The use of color transparencies is being explored. Because of their size, direct viewing on a page within the chart is readily carried out. Since no color print is required the total cost is dinstinctly less. Neither color rendition nor resolution is sacrificed. Pictorial input of any type adapts to either computer or microfiche storage.

The ideal examination room concept which is still under exploration here remains valid, but our initial configuration has not been satisfactory. The use of a wall console for placement of the equipment and supplies to conserve valuable floor space is proper. However, the location of specific console compartments is being studied to increase operational efficiency. A brilliant fibre-optic light source clearly facilitates certain aspects of physical examination. The development of the ideal examination room will continue.

During the course of this year it has been possible to participate in several simulated aircraft disaster drills sponsored by the Massachusetts Port Authority designed to test response time and communications, basic factors in successful emergency care.

A major though largely unappreciated role of the Medical Station in preservation of (the) public health is the extensive health education effort carried out each day by our nurse clinicians. Frequently over 100 telephone calls daily are managed entirely by these nurses who have become expert immunization advisors. Immunization advice for the world traveler is based upon recommendations of the Public Health Service Center for Disease Control and the World Health Organization and their periodic yet sometimes urgent bulletins. The outbreak of cholera in Italy during August 1973 led to an immediate and sustained demand for cholera immunizations. During September over 2000 such injections were given without a single complication. Conversely the increasing world-wide control of smallpox led to 8000 fewer smallpox vaccinations during this year. A recent smallpox vaccination is no longer a requirement for re-entry into the United States after world travel. Hopefully, other infectious diseases will come under a similar degree of world-wide control. This means that the Medical Station must continue to change its program of care in accordance with the needs of our service population.

Our participation in community affairs has also continued. A major

study, sponsored by a special grant from the Massachusetts Port Authority, led us to study the hearing acuity of 2000 children from East Boston, Winthrop and Revere attending schools beneath or adjoining flight paths of aircraft using Logan International Airport. This ambient aircraft noise was found to have no measurable effect on the hearing acuity of these children.

Telemedicine activities during this current year were devoted largely to developing an interplay between the health care system (as represented by the Medical Station) and the educational system. One major achievement was the completion of an interactive television (IATV) course offered to 20 teachers from East Boston High School entitled How To Counsel the Adolescent. This was a full semester course for which the City of Boston School Department gave full inservice credit. Another telemedicine accomplishment was sponsored by the Division of Special Education, Massachusetts Department of Education. Children with possible learning disabilities from the Marblehead School System were referred to the Medical Station as part of this project activity. After a complete physical and neurological examination, reading skills were assessed by specialists via IATV from the telemedicine center at the hospital. This proved to be totally feasible. In both projects specialists within the telemedicine center at the hospital were able to provide their expert services to these different types of individuals at the Medical Station. The objectives were to demonstrate the value of tele-teaching, telediagnosis, and tele-treatment. All were achieved. For this study the Medical Station site was arbitrary but sensible since it has complete telemedicine instrumentation. As to the future, a rotating microwave parabolic antenna atop the George Robert White building could be used in a similar fashion to provide an extraordinary variety of human care services to the extensive community of interest surrounding the hospital on a cost-effective basis.

The nurse clinicians here have provided an extensive variety of patient care on a daily basis yet have participated in much inservice nurse education. One nurse graduated from the Adult Nurse Practitioner course. Three took part in a cardiopulmonary resuscitation program, and one each attended a disaster workshop and a cardiology workshop. One of our nurse clinicians is also a member of the Area Health Planning Council representing the provider.

KENNETH T. BIRD, M.D.
Director

Report of the Dietary Department

This has been a stimulating and productive year. A review of what we have done in the perspective of what we undertook to accomplish represents our best effort.

We have made some gratifying progress in the renewal of our food service system. Physical changes in the past year include the completion of an air conditioning system in the Baker Memorial kitchen, the start of a more extensive and sophisticated installation for the White kitchen and cafeterias, and the opening of the salad-vegetable preparation unit — an integral part of the Dietary Service Center, serving both main kitchens. Smaller but no less vital projects were the replacement of refrigeration units in the White kitchen and new four-burner gas stoves in the floor pantries.

The administrative overlay in the clinical units has been of special importance. A study carried out on a surgical floor confirmed the pattern for a centralized tray service to be used for the Medical Service on Gray 7. Dietitians, doctors, and nurses have recommended the purchase of a laminar flow hood for Burnham 6 for optimum safety in preparing infant formulas that are not available in the commercially prepared single-use units adopted for use as "house" formula.

Nutrition has become very visible this year, because one of the ever-present concerns of our society is the market — and the menu. A special dietary cost control committee was formed in June. A group of staff, dietetic interns, and personnel studied and implemented plans to afford the patient his menu choice and keep within the summer budget.

Storage was an all-important factor in maintaining inventories in relation to current market trends. The fact that a balance was established speaks well of inter- and intradepartmental cooperation and of the rapport we have established with the many companies who sold the MGH its $1,800,000 worth of food this year.

We endeavored to share our knowledge and experience with clients and personnel through merchandising cafeteria menu items and by stressing purchasing techniques at departmental food and health conferences. The cafeteria menus were further modified for the ease of the student group, who on the first of September went on "cash." Meals for student nurses, dietetic interns, X-ray technicians, and others are no longer subsidized by the hospital.

Inpatient clinical units do not reflect significant changes in the numbers or kinds of diets ordered this year. There have, however,

been noticeable increases in the numbers of diet instructions and nutrition referrals for continuing care to other institutions and community agencies.

We continue to promote education: for the professional staff through workshops, special courses, and continuous exchange with other health professionals (a favorable trend noted also in our ambulatory services); for the dietetic interns from ongoing evaluation of their class program and unit assignments; and for the non-professional personnel through interdepartmental meetings, instructional conferences and specialized opportunities. For example, a ten-week educational TV series relating to nutrition and the eating habits of children was made available to the diet aides assigned to pediatrics.

The American Dietetic Association calls this a year of accountability, decision, and action. While we recognize some gratifying progress, we realistically confront the fact that much remains to be done. And, as we strive to meet the goals we have yet to reach, we will content ourselves with no less accomplishment in the months ahead.

LOUISE HATCH, R.D.
Director, Dietary Department
and Dietary Internship

Report of the Treadwell Library

This, my seventeenth and last annual report of the activities of the Treadwell Library, is written with mixed feelings. A feeling of sadness at taking leave of many friends in the hospital and at leaving the Treadwell Library, which has been foremost in my thoughts for more than sixteen years; a feeling of relief from the responsibility of trying to resolve the many seemingly insoluble problems which the Library Committee and I have long been cognizant of but which still persist; and a feeling of happy anticipation of quiet and tranquil retirement years ahead. As Shakespeare had Henry IV say,

> "I could be content
> To entertain the lag end of my life
> With quiet hours."

Over the years in these annual reports I have included discussions of the various services offered by the Library: circulation, including an explanation of the checking-out system introduced four years ago and the overdue notice routine; cataloging and classification; reference; serials; interlibrary loan; and interlibrary cooperation. The one service which we had never been able to offer was a bibliographic search service. Since it is time-consuming to do a careful search and since the Library staff is small in proportion to the number of individuals served by the Library, this service could not be offered to everyone; consequently, it was offered to no one. Happily, with the advent of our MEDLINE Search Center early in January, this was changed, and the response has been most gratifying. So far we have performed 147 MEDLINE searches and are updating 17 searches each month.

During the year 640 bound periodical volumes and 531 monographs were added to the collection. Fifty-three publications were withdrawn. A total of 40,670 volumes are now owned by the Library. Seven hundred ninety-two current serials, including 125 annuals which are cataloged and 75 gifts, were received. There were 6,463 publications borrowed by hospital employees while 1,654 items were loaned to other libraries and 1,592 items were borrowed from other libraries. Approximately 3,576 items were given away either to individuals in the hospital or to other libraries through the Medical Library Association Exchange or the United States Books Exchange. Photocopying done in the Library amounted to 247,474 pages — an average of 20,622 per month or 4,759 pages per week.

Still unresolved problems mentioned in the report for 1970-1971 are (1) space for the Xerox and TWX machines near the Library, yet far enough removed from it to eliminate the noise from the workroom and reading room areas; (2) adequate space for the two members of the Library staff who are still located in the Cabot Room. The lighting was improved by the installation of fluorescent lighting in the fall of 1972, but other conditions remain the same; (3) the books and shelves need to be dusted regularly and Building Service should so schedule this housekeeping task; (4) since space available for shelving new volumes added to both the serials and monograph collections is nearly used up, serious thought should be given to adding space to the Library or to substituting microforms for some of its serials and thus keep the working collection within the existing area; (5) the number of "missing" books and journals is far too high and the mutilation of journals by irresponsible individuals who remove pages or portions of pages is an increasingly annoying problem, especially for the person who comes to the Library wishing to read those particular pages; and (6) briefcases are still carried into the Library and are not presented for examination at the circulation desk before being taken from the Library, in spite of the sign which is posted near the desk. Solving these last two problems will require the cooperation of all users of the Library as well as all members of the Library staff who work at the circulation desk.

Meetings attended by Library staff included (1) a seminar on Biosis at the Francis A. Countway Library of Medicine on March 2, 1973, by Mrs. John C. Long and Mrs. Charles Hales; (2) Medical Library Association annual meeting, May 27-June 1, 1973, in Kansas City, Missouri, by Miss Cole, who is serving this year as a member of the nominating committee of the Association; and (3) a demonstration of the use of the Science Information Associates network at Harvard University on August 14, 1973, by Mrs. John C. Long.

The Librarian visited the libraries of the University of Kansas, Kansas City, Missouri, and the Linda Hall Library where a special reception in honor of the 75th anniversary of the founding of the Medical Library Association was held.

During the year orientation sessions were held for the dietary interns and the new instructors in the School of Nursing.

Three of the staff have taken advantage of the tuition aid program during the past year and two of them are continuing to do so. Mrs. John C. Long is studying toward a Masters Degree in Library Science

at Simmons College; Richard G. Burton completed two courses in education at Boston State College; and Thomas Shepard is now taking a course to fulfill requirements for a bachelor's degree at Suffolk University.

Although there were a number of visitors to the Library during the year, the only recorded visit is that of Miss Shinoko Honda of Tokyo, the recipient of the second Eileen Cunningham Foreign Librarian Award of the Medical Library Association.

The Treadwell Library staff, to whom I wish to express my sincere appreciation for their help and cooperation, included: Richard G. Burton, who left in August, 1973, to go to Sulingen, West Germany to teach high school English, in charge of serials, gifts and exchanges; Mrs. Lilly Wechsler, Asst. Librarian, the cataloger; Mrs. John C. Long, interlibrary loan and MEDLINE searches; Mrs. Charles Hales, Asst. Librarian, Circulation; Mrs. John Scullin, Senior Office Asst., circulation; John M. Flaherty, Thomas E. Flaherty, Thomas Shepard (now Senior Office Asst. in charge of serials, gifts and exchanges), Mrs. Holli Levy, Ernest Kendrick, Annette Pealey, Madelyn Broadus, Martin T. Ryan and Mary Ann Nicholson, clerks. The turnover in the photocopying position accounted for the number of clerks employed during the year. Normally there are five part-time clerks employed — two night clerks, two photocopiers, and one shelver.

My personal thanks go to each member of the Library Committee who has given me help and advice, not only during this past year, but also during all their years of service on the Committee. Special thanks are due Dr. Raymond D. Adams and Edmund R. Mattos, Asst. Director, for their guidance during the past sixteen years.

The many gifts from individuals and hospital departments have been much appreciated. Those not needed in the Library have been given to other individuals, hospital departments, or other medical libraries through the Medical Library Association and United States Book Exchanges. The Treadwell Library has continued to cooperate with the Bibliothèque de la Faculté de Médecine, Hôpital Cantonal Universitaire, Lausanne, Switzerland, and with the Ernest and Marion Davis Library, Auckland Hospital, Auckland, New Zealand, as part of the International Cooperation Committee of the Medical Library Association's work.

The statistics for the year follow:

	1972	*1973*
Periodical volumes	24,441	25,081
Other volumes	15,111	15,642
Total volumes	39,552	40,723
Volumes withdrawn	34	53
Total volumes in Library	39,498	40,670
Pamphlets (approximate)	2,500	2,500
Items borrowed from the National Library of Medicine	273***	290***
Pages photocopied in Treadwell	159,068	247,474
Items given away	4,002	3,576
Periodical titles currently received	794*	792**
Bound publications loaned	5,526	5,740
Unbound publications loaned	717	723
Total loans	6,243	6,463
Items borrowed from other libraries	1,626***	1,592***
Items loaned to other libraries	1,838***	1,654***
MEDLINE searches performed	——	147****
Persons using the Library during the day	25,252	25,720
Persons using Library in the evening	8,757	7,900
Total number using the Library	34,009	33,620

*Includes 88 gifts and 127 annuals (Error made in 1972 is corrected)
**Includes 75 gifts and 125 annuals
***Includes photocopies received and sent in lieu of original
****New service offered since January 1973

GENEVIEVE COLE
Librarian

Report of the Volunteer Department

The contributions of hospital volunteers during critical periods of America's growth can be dramatized by comparing the number of volunteers giving service in 1943, a war year, and 1973, a year in which the United States was not under immediate threat. In 1943, 1,248 workers gave 148,577 hours of service to the MGH; in 1973, thirty years later, almost as many, 904 volunteers (of which 254 were students) contributed 62,104 hours. The American Hospital Association's 100-hour volunteer service pin was proudly received by 103 volunteers during the year.

Under the enthusiastic chairmanship of Dr. W. Davies Sohier, Jr., we welcomed the following new members to the Trustee Advisory Committee of the Volunteer Department: Mrs. R. Morton Claflin, Dr. J. Warren Harthorne, Dr. Ashby C. Moncure, Mrs. Marilyn Schwartz of the Social Service Department, and Mrs. Henry Weaver, Jr., representing the Greater Boston Chapter, Red Cross. We wish to thank the committee for their guidance and dedication.

To celebrate the completion of our newly renovated and beautifully decorated offices, we had two open house parties in June, one honoring the Ladies Visiting Committee, in appreciation of their generous financial contribution in making this possible, and the other for the hospital family and volunteers.

A workshop on "The Volunteer in Voluntary Blood Procurement," sponsored jointly by the Massachusetts Hospital Association and the Massachusetts Red Cross Program, was attended by members of both the MGH Blood Bank and the Volunteer Department in an effort to find new ways of seeking out and motivating the public to donate blood on a voluntary basis. Since the opening of the Blood Bank in 1942, thousands of volunteers have found this a very active and stimulating place to work. It was the late Dr. Morton Grove-Rasmussen, former Director of the MGH Blood Bank and good friend and loyal supporter to us all, who hoped to form a partnership between the Volunteer Department and the Blood Bank recruiting staff to help prevent critical shortages of blood in the future.

The Greater Boston Chapter, Red Cross, arts and skills volunteers, Mrs. Elsie Herrmann, Mrs. Louise Rosenthal, and Mrs. Lee Shindell, brought diversional activity to more than 500 grateful patients on the units.

Four volunteers manned the MGH exhibit on the importance of seeking medical attention for symptoms of heart attack at the New England Hospital Assembly, March 26-28 at the John B. Hynes Civic Auditorium. Our volunteers proudly accepted a Blue Ribbon Award for the exhibit, on behalf of the hospital. The Volunteer Department received many favorable comments concerning the fact that the MGH booth was the only one manned by volunteers at the Assembly.

Maeve Blackman, Coordinator of the Student Volunteer Program, conducted studies and met with high school counselors and representatives of college offices of future plans and careers. As a result, the department has been able to develop the program so that it meets the students' search for vocational testing and educational opportunities while remaining consistent with the Volunteer Department's responsibility of providing service to the hospital and satisfaction to the volunteer. Both goals are important. We are grateful to the students for their impressive record for the summer, as shown below.

DAY AND EVENING SERVICES
MID-JUNE THROUGH MID-SEPTEMBER 1973

STUDENT VOLUNTEER PROGRAM

Students registered			88
Did not return - change in plans			14
Continued from spring			13
Active			87
High School			21
College			56
Graduate School			10
	Male 35	Female 52	
Received 100-hour AHA pin			20
Total number of hours			6,226

PLACEMENTS*

Recreation Services	Students	Hours
Clinics Playroom	5	260
Baker Memorial	8	225
Traveling Store	7	191
Burns Unit - W 12	2	68
Pediatrics	1	62
Rehabilitation - W 9	2	55
Totals	25	861
Laboratories		
Hematology	3	678
Developmental Biology	4	598
Medical Engineering	1	331
Urology	1	330
Pathology	1	281
Telemedicine	2	191
Orthopedic	1	168
Radiation Research	1	153
Endocrinology	1	112
Totals	15	2,842

*Eleven students worked in two placements.

Patient Services	Students	Hours
Emergency Ward	18	758
Clinics	5	296
GYN Clinic	8	257
Anesthesiology	1	182
Overnight Ward	6	157
Hospitality Radiation Therapy	1	85
Transient OR	2	72
Gray Test Admitting	2	48
Totals	43	1,855
General Services		
Library	3	192
Interpreter	2	163
Blood Bank	3	98
Central Supply	2	94
Information Desk	1	52
Ambulatory Screening	1	40
Other	3	29
Totals	15	668

The grand number of hours given by students for the year totaled 14,051.

The evening volunteer Chaplaincy Program, initiated in February 1972 by Father Ronald Hindelang, a Roman Catholic Chaplain at the MGH, has developed into a very successful program. Both the patients and nurses have been grateful for this extremely helpful service. Volunteers help in making the initial call to patients who require extra attention and continue to visit these patients under the priest's supervision. In addition there is a group of Italian-speaking volunteers from the Sacred Heart Parish in the North End who visit Italian-speaking patients.

Three Spanish-speaking volunteers have been recruited to conduct a study on the need of interpreters for Spanish-speaking patients throughout the hospital from 9:30-4:00 p.m., Tuesday through Friday. Another study was made at the request of Dr. J. Dennis Mull,

Director of the Evening Medical Clinic, and as a result, an evening volunteer hospitality service in the clinic waiting area for Tuesday and Wednesday evenings was initiated.

Forty-two day and evening volunteers helped the Social Service Department to man the Chelsea Fire Emergency Depot in the Warren Lobby to receive and sort clothing and food supplies for shipment to the distribution center in Chelsea. Over 200 telephone inquiries from the public were answered by our department.

We record with sorrow the deaths of the following: Miss Dorothy Bartol, a member of the Advisory Committee to the Volunteer Department since its formation in 1957; Colonel George R. Goethals, a volunteer who helped to establish the first men's volunteer group in 1961 and the nursing service unit coordinator program; and Mrs. Paul Courtney, Director of the MGH Volunteer Department from 1947 to 1953.

The Volunteer Tour Committee, assisted by Miss Marjorie Bennett, Assistant Director of the Volunteer Department, escorted a total of 155 people on 13 historical tours of the hospital. Included in this number was a group of 20 men and women of the Japanese Association of Social Education of Tokyo who came to the United States to learn and observe a cross section of organizations and institutions concerned with volunteer services. Through a Massachusetts Institute of Technology interpreter, they became acquainted with our philosophy of volunteerism and then met and observed volunteers working in various activities. Other visitors seeking information concerning volunteer services came from Delaware, Illinois, Virginia, Canada, and Holland, to mention a few.

At the annual Christmas Volunteer Recognition party on December 4 in the Penthouse, Mr. John E. Lawrence, Chairman, Board of Trustees, presented the Jessie Harding Award to Miss Helen A. Sullivan, retiree of the New England Telephone Company, the twelfth recipient. Miss Sullivan was commended for giving "over 100 hours a year for ten consecutive years of dedicated service." Mr. Lawrence continued, "You have helped train new volunteers at the White Information Desk [in the corridor] with enthusiasm, understanding, and warmth every Tuesday morning in the finest tradition of the MGH. You have understood the anxieties of the patients and visitors and have given them friendly guidance and support and shown the true meaning of the word 'volunteer'." A beautiful exhibit of needlework and crafts done by the volunteers added to the festive mood of the party, which was enjoyed by a record attendance of guests.

The MGH Alumni, Directors of Hospital Volunteer Services, held its annual meeting in March during the New England Hospital Assembly in the Andover Room of the Boston-Sheraton Hotel. Our educational program, which was started in 1961 for the training of directors of volunteer services, continues to meet the need for professional leadership in the management of a volunteer department and its place in the total hospital structure. The following directors of hospital volunteers came: Mrs. Jacquelyn Sidle, Medical Center Hospital of Vermont in Burlington; Mrs. Lillian Emmott, Brockton Hospital; Mrs. Virginia Newman, Middlesex County Hospital, Waltham; and Mrs. Janet Ferris, St. John of God Hospital, Brighton. They all expressed gratitude for the opportunity to learn our philosophy of volunteerism and its practical application by observing the MGH volunteer in action.

I presented an education workshop on the subject "You the Director" at the May meeting of the Massachusetts Association, Directors of Hospital Volunteers, in the Carroll Rehabilitation Center, Newton, and was the leader of a workshop on record keeping and awards at the New England Association, Directors of Hospital Volunteers Services Conference at Wentworth-by-the-Sea, New Hampshire.

The most unusual hospital I have ever visited was the Mount of David Crippled Children's Hospital in Bethlehem, Israeli-occupied Jordan. It was interesting to visit with the staff and to answer their questions on how a volunteer program could be developed, as the need is so great. This was a thrilling and heartwarming experience for me.

Our sincere thanks and appreciation to the donors who contributed over $600 to the Volunteer Department Fund to further the work of the volunteer services, bringing the total to $2,746.00.

Now a special tribute to Miss Janet Freedman, who retired from the position of Secretary to the Volunteer Department after 20 years of dedicated and loyal service. I shall always be grateful for her insight, sensitivity, and availability beyond her responsibilities. Miss Freedman's warmth, charm, and interest in people endeared her to all who knew her. We wish her health and happiness for the future.

MARY RUTH WOLF
Director, Volunteer Department

Report of the Volunteer Services Committee

The Volunteer Services Committee has had as its objective the co-ordination of the volunteer programs taking place within the hospital. Representatives from the MGH Service League, the Distaff Club, the Ladies Visiting Committee, the Vincent Board of Managers, and the Volunteer Department serve on the Committee, and Mrs. Maeve Blackman is its co-ordinator.

Since its inception in 1970, a true integration of all volunteer programs has been accomplished. Volunteers from all groups are now welcome in any of our ongoing projects, and our numbers of volunteers have greatly expanded. A special effort has been made by Mrs. Blackman to develop a volunteers' program for students. This has been highly successful both as to the numbers volunteering and as to the quality and diversity of their service. The Committee has expanded its membership to include representatives from the North End Community Health Center, the Chelsea Health Center, and the Bunker Hill Health Center in Charlestown — all areas from which the MGH draws many of its patients.

In the coming year representatives from the McLean Hospital and the Massachusetts Eye and Ear Infirmary volunteer organizations will be invited to join the Committee. It is hoped that the exchange of ideas from the groups will be informative and beneficial for all.

MRS. R. MORTON CLAFLIN
Chairman, Volunteer Services Committee

Report of the Ladies Visiting Committee

This fall marks the beginning of the Ladies Visiting Committee's 105th year of service to the Massachusetts General Hospital. The scope of our commitment has broadened dramatically since 1869 when visiting was its primary purpose. Due to the many changes in hospitalization, visiting, still so needed, is now on a request basis rather than by general assignment. However, we are maintaining this great tradition in different forms to keep up with the changes, as shown by our radiation hospitality service. There, increasing numbers of patients and families must spend quite some time while awaiting their treatment. Our volunteers are able to ease these delays with understanding, compassionate visiting, and hostessing. This service is very deeply appreciated by many patients and the hospital. In addition to visiting and radiation therapy hospitality, we can list sixteen varied projects which are sponsored and supported by the L.V.C.

We and the MGH are deeply grateful to all the chairmen and committees for their devotion, time, and interest throughout the year. Mrs. Francis C. Gray, Jr. and Mrs. Phillips Hallowell have thoughtfully fulfilled requests for visitors, and radiation hospitality continued under the sensitive leadership of Mrs. John Ware. The Chapel was wisely supervised by Mrs. Charles B. Hazzard, Jr., while Mrs. William Constable served as our creative and talented Art Committee Chairman. The General Store's enormous success was due to the superb direction of Miss Anna Revere, her committee, and staff. This success enables us to make our many substantial contributions to the hospital. Mrs. John B. Gray capably arranged for the Traveling Store to reach all sections of the MGH. Attractive seasonal flowers and plants in the Chapel, White Lobby, Baker Memorial, and Phillips House have been provided and arranged by Mrs. Peter Hunsaker and her committee. The Children's Service continued under Mrs. Ross E. Sherbrooke's thoughtful hand. Christmas was particularly decorative and bright thanks to the cheerful planning by Mrs. Francis B. Haydock, Mrs. Nelson W. Aldrich, and Mrs. William D. Manice. The Distaff Club was graciously welcomed and entertained by Mrs. Sewall H. Fessenden at luncheons, a punch party, and a summer tour of Salem museums and houses. The Coffee Shop, a successful joint venture of the L.V.C. and the Service League, continued to serve the MGH delicious food in attractive surroundings. Mrs. Charles Almy, who set up the hospital tours, continued as their devoted chairman and we owe her many thanks. We look forward to touring with Mrs. Charles

Merrill, the new chairman. Our new needlework program has met with great success thanks to its creative and enthusiastic chairman, Mrs. Francis U. Paige.

The L.V.C. is represented on the Social Service Advisory Committee by Mrs. George L. Blackman; on the Volunteer Advisory Committee by Mrs. Taylor Black and myself; and on the Volunteer Services Committee by Mrs. R. Morton Claflin, Mrs. Nelson W. Aldrich, Mrs. George L. Blackman and myself.

We accepted with deep regret the resignation of Mrs. Charles F. Eaton and welcomed Mrs. Henry M. Bliss, Miss Margery Peabody, Miss Elizabeth Peabody, and Mrs. Sumner Pingree as Honorary Members. We unanimously elected three new members: Mrs. Charles E. Merrill, Mrs. Henry E. Russell, and Mrs. Lawrence J. Brengle.

We recorded with deep regret the deaths of four members: Mrs. William Jason Mixter, Mrs. Albert Goodhue, Miss Dorothy Barton, and Mrs. Paul Courtney.

The L.V.C. was fortunate in having as guest speakers Dr. Charles A. Sanders, General Director of the MGH; Chaplain Allan Reed, Director of the School of Pastoral Care; Dr. May Howell, Chief of the MGH Behavior Unit, and Miss Eleanor Clark, Director of the Social Service Department.

Last spring saw the completion of the much-needed remodeling of the Volunteer Office. It is now most efficient and attractive. The Lawrence Room lends itself to small meetings or a quiet place to relax, thanks to the decorating talent of Mrs. Ducey Ryerson.

I think it is interesting to reflect on our financial contributions of 1972-73. Besides our annual budget of $6,920.00, we turned over $27,909.00, a total of $34,829.00. Of this, $13,925.00 went to MGH-related community projects — a further example of the expansion of L.V.C. support in accordance with the hospital's broadened community role.

We have much to be proud of but there is an enormous challenge to this committee for the future. Changes take place so rapidly today in the medical field that we must keep in close contact with the hospital to keep abreast of them. There is a wide variety of roles here which need to be filled by understanding, intelligent people. Through these contacts we will be best informed about the MGH today and what is hoped for in the future.

LOUISE C. RIEMER
Chairman

1973 Financial Report of The General Store

Balance on Hand — December 31, 1972			$ 44,694.52
Adjustment from Prior Years' Reports			(3,470.15)
Adjusted Balance on Hand December 31, 1972			41,224.37
Cash Receipts			202,762.76
Total Receipts			$243,987.13
Expenses:			
Salaries	$ 41,237.39		
Fringe Benefits	1,711.24		
Hospital Pension (Burnell)	475.68		
Social Security	2,227.99	$ 45,652.30	
Stock Purchased:			
Outside Vendors	$122,602.73		
Upper Store	157.42	122,760.15	
Utilities		222.63	
Miscellaneous:			
Commonwealth of Mass. —			
Sales Tax	$ 3,733.56		
Maintenance	22.42		
Christmas	85.00		
Photo Lab	61.50		
Medical Art	27.00		
Freight Charges	211.01	4,140.49	
Total Operating Expenses			$172,775.57
Paid to Ladies Visiting Committee from 1972 & 1973 Earnings			30,000.00
Balance on Hand — December 31, 1973			$ 41,211.56

SUMMARY

Receipts	$202,762.76
Expenses	172,775.57
Cash Gain	$ 29,987.19
Increase In Inventory	2,351.71
Operating Gain for 1973	$ 32,338.90
Value of Inventory December 31, 1973	$ 10,057.55

Note: The fiscal year of the General Store remains on the calendar year.

MRS. FRANCIS C. GRAY
Treasurer

Report of the Service League

Service League membership at this time totals 492. There were 322 who paid dues and of these, 200 were regular and 122 supporting members. Our income from dues and gifts was $1,059. Traditionally, membership has been recruited from staff wives. The nonmedical people to join us are those who have shown an interest in our particular projects. This year 65 invitations were sent out, 58 to staff wives. Only 4 of them accepted, making a total new membership of 9. This is a depressing drop from previous years and must be explored.

The Reception Center for International Visitors under Mrs. C. Miller Fisher's direction is a smooth-running and efficient office. However, it is helpful for us to know who is coming in advance as we are better able to answer their needs. Fifteen workers spent 1,098 hours supplying aid to 92 visitors from 33 countries. Mrs. Lawrence E. Martin, Housing Chairman, reports that 38 single visitors and 38 families (14 with 2 or more children) were housed. Sixty-five families were supplied with some furniture from our Exchange. Furniture Committee members made 100 trips to the storage barn. This year 209 tickets to musical and sporting events were distributed from the Reception Center, 90 more than in 1972.

Hospitality Co-chairmen, Mrs. Ashby C. Moncure and Mrs. Glenn H. Roberson, see that foreign visitors are aware of all our social functions and arrange for those who wish to celebrate Thanksgiving in an American home. Mrs. Michael Margolies was in charge of the Spring Picnic for Distaff Club and foreign visitors at the home of Dr. and Mrs. Bradford Cannon. Pool and beach parties were also organized during July and August.

A large concentration of effort by Service League members is in the clinics. Mrs. Harry R. Healey, Jr. reports that approximately 2000 hours were contributed to hospitality, Medical Clinics, Clinics Balcony Information, Ambulatory Screening, Rehabilitation, Surgical, Pediatrics, special projects, and the Patients' Activity Center. All this was done by 17 volunteers.

In connection with clinics activities were 2 of the 3 tours sponsored by the Service League for members, Distaff Club, and foreign visitors. Mrs. Francis M. Ingersoll, with the aid of Mrs. Earle W. Wilkins, Jr. conducted a "Know Your Hospital" tour on October 10. On October 17, Mrs. Healey took a group through the clinics area. We are very grateful to the people from the Patients' Activity Center who served

coffee after each of these tours. A tour of the Shriners' Burns Institute was arranged on October 23. Baby-sitting was provided during each tour. We are also grateful to the Volunteer Department for their help in coordinating these events.

Mrs. Albert C. England and Mrs. Harold A. Wilkinson combined efforts to plan a series of 14 Chapel Concerts. They try to present musicians from the hospital family whenever possible and have provided excellent and varied programs ranging from gospel singers and handbell ringers to classical guitarists, pianists, and cellists.

MGH Night at the Pops was a success again reports Mrs. Juan Taveras, Chairman of the Steering Committee. Birthday greetings to Dr. Paul Dudley White were sung and specially telecast to his room in the hospital.

A skating party with the Distaff Club was held March 9 at the Charles River Skating Club. Staff and house staff mingled over a buffet supper and on the ice afterwards. Due in part to the energy crisis the annual luncheon will take a different format this year. Mrs. W. Gerald Austen has generously offered her home for this occasion so that no strain will be put on public facilities. Mrs. Charles E. Huggins is in charge of arrangements. Miss Mary E. Macdonald will be the speaker. Car pools will be organized.

The Annual Meeting was held in May in Walcott House, presided over by Mrs. Howard Ulfelder, who presented the service awards. Four members received 500-hour pins, 1,000-hour pins were given to 4 more, and 5 earned honorable mention for working over 1,000 hours. Mrs. Robert Joplin was the recipient of a special award for her untiring efforts over many years organizing escorts for patients who wished to attend Chapel Concerts. Speaker that day was Dr. Alexander Leaf, who told of his fascinating travels in search of the world's oldest people and brought them to life with his colorful slides . . . a fitting finale to a fine year.

DOROTHEA W. WEBSTER
President of the Service League

Report of the Coffee Shop

The Coffee Shop, which is now in its tenth year of operation, continues to serve the hospital well. Certain changes have taken place over the past year. Some are beneficial; some we regret had to be made.

One change which the Coffee Shop Committee and hospital both regret is the decision to close the Coffee Shop on weekends (it had been open weekends for about a year on a trial basis) and at the same time to change the evening closing hours from 8:30 P.M. to 7:00 P.M. These moves were both necessary because of financial losses at these hours.

A change which is beneficial is the addition of a large refrigerator which is used to dispense sandwiches and cold drinks, which the customers may help themselves to. This is proving extremely helpful, for it eliminates waiting in line to be served. As a result we have a larger takeout business. Even customers who want to sit in the Coffee Shop but are in a hurry will avail themselves of this.

From the point of view of customers who find it difficult to get to the cafeteria, we still serve a very important need. One can always see customers coming in wheelchairs, others who are blind with their seeing eye dogs, mothers with little babies, and even a hospital employee who has to be fed. It is gratifying to see the paid personnel, as well as the volunteers, show kindness and consideration for all these handicapped people.

Because of rising food prices, rising salaries, and limited room for expansion, the financial sheet plagues the Coffee Shop Committee constantly. We are most grateful to our administrative councilors, Mr. Henry J. Murphy, Mr. Lawrence E. Martin, Mr. Joseph P. McCue, and Miss Louise Hatch, for giving encouragement at all times. Our group of paid personnel remains quite constant and are under the guidance of Mr. Joseph Field, who is our paid director of the Coffee Shop.

This report closes with the feeling the Coffee Shop still serves its purpose well, which pleases the Committee, and, I think, the administration. If we are on the road to overcoming inflation next year, all will be well.

DOROTHY KRANES
Chairman of Coffee Shop Committee

Report of the Distaff Club

The Distaff Club is composed of the wives of house officers, clinical or research fellows, and staff members in addition to interested female physicians at the Massachusetts General Hospital. It is primarily a social organization with a variety of social and educational activities and volunteer projects planned to help these women become better acquainted with the hospital, the Boston area, and each other.

Officers of Distaff are elected by the middle of March of each year, the new board officially assuming its duties in May. The officers for 1972-1973 included the following: Mrs. Carol Pohl, President; Mrs. Barrie Scardino, Vice President, Program Coordinator; Mrs. Judy Pease, Vice President, Area Coordinator; Mrs. Gayle Nixon, Secretary; Mrs. Patricia Owens, Treasurer. Officers for 1973-1974 are Mrs. Rosemary Zir, President; Mrs. Sheila Kalisher, Vice President, Program Coordinator; Mrs. Linda Becker and Mrs. Alice Fuller, Vice Presidents, Area Coordinators; Mrs. Esther Tannenbaum, Secretary; Mrs. Carol Otto, Treasurer.

Service projects undertaken during this period included the Annual Holloween and Valentine parties given for the pediatric patients in Burnham, the Blood Donor Program, membership in the Big Sister Association of Greater Boston, puppet-making by Distaffers for incoming pediatric patients, and a housing service (conducted by Mrs. Phyllis Ring) for those house officers and others attempting to find apartments and homes in Boston and the surrounding towns.

Meetings and social activities for the fall and winter of 1972-1973 (October - February) included a Museum of Fine Arts Architecture Tour of Boston led by Mrs. Claude Welch, an oriental rug lecture by Arthur Gregorian, a lecture by Jack Savenor (Julia Child's butcher), and a tour of the hospital led by Mrs. Pat Ingersoll.

The annual Distaff-Service League function, which this year was a "Monte Carlo Night," was held in March. April brought the Distaff Spring Luncheon held at Joseph's Aquarium Restaurant with a fashion show by Bonwit Teller. May and June ushered in the traditional Memorial Day picnic at the home of Dr. and Mrs. Bradford Cannon and the most enjoyable MGH Night at the Pops.

One of Distaff's important functions occurs in July, when an all-out attempt is made to help newcomers feel at home and to welcome them into our hospital family. A "Welcome Packet" filled with information about the MGH and practical suggestions for the newcomer to Boston, including Distaff's own booklet, "Distaff Suggestions," was prepared and distributed to each new arrival.

The July Welcome Party with Dr. and Mrs. Benjamin Castleman marked the official beginning of the Club's activities for 1973-1974. The Summer Get Acquainted Program included area welcome teas, a rum punch party at the home of Mr. and Mrs. Sewall Fessenden, a beach party at Wingaersheek Beach, a hayride with our children at Elmbrook Farm, a visit to Stoneham Zoo, a tour of the Gardner Museum, a trip to the Children's Museum, an Ipswich River Wild Life Sanctuary Hike, a Salem House Tour and Luncheon, and the Service League pool and beach parties.

The opening program in October consisted of three tours of the hospital in conjunction with the Service League. These were of the Clinics, the Shriners Burns Institute, and a general tour of the hospital, incorporating the history of the MGH. Area level activities such as gourmet clubs, book groups, and bridge clubs continue to complement the organization's general programs.

The Distaff Directory, which includes the names, addresses, phone numbers, and husband's positions of approximately 500 Distaffers was issued in October. "Distaff News," the club's newsletter, is published every four to six weeks to keep members informed of the club's events and activities. Financial support is provided by an annual dues of $6.00. As of December 1, 1973, Distaff had 117 members of dues-paying status. Additional funds were raised by having two bake sales in the White Lobby of the hospital during the year.

All Distaff Board Meetings and Area Representative Meetings were held at Wolcott Hall in 1973-1974 in order to provide a more central location for getting together.

MRS. ROSEMARY ZIR
President of the Distaff Club

Dalton Scholarships

Dalton Scholar Awards will be made to young physicians for significant contributions to the advancement of medical knowledge and for individual promise for continued scholarly work. The recipients will be members of the MGH Staff and less than 40 years of age. Their research contributions leading to the award will have to be accomplished at the MGH. Each award will be for $1,000 and generally two individuals will be chosen yearly. The Committee on Dalton Scholar Awards will be appointed annually by the General Executive Committee. The Awards will be presented at the Corporation Dinner.

In addition, remaining monies in the Dalton Fund will be available for foreign travel for young MGH staff members. A maximum of $2,500 will be awarded in any year. Travel funds will be awarded to an individual whose travel would result in significant educational benefit to the individual and to the Massachusetts General Hospital. The awards will be recommended by the General Executive Committee.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

The submission of special theses or essays will no longer be required for this competitive prize.

The Warren Prize Lecturers, selected for outstanding work in medical science, are nominated to the Trustees by the General Executive Committee.

In 1974 the Warren Triennial Prize was awarded jointly to Dr. Efraim Racker of Cornell University and Dr. Peter Mitchell of the Glynn Research Laboratories in England.

WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital and its continued excellence throughout its history have been made possible in large part by gifts and bequests. In addition, several deferred giving arrangements, including the gift annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, provide giving vehicles which are attractive for both the donor and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A Direct Bequest: whereby a definite amount is specified.

A Bequest of the Residue of an Estate: whereby the MGH will receive whatever remains after payments of all other legacies. This method may well be used in combination with a direct bequest to the MGH.

A Bequest of the Remainder after Life Estate: whereby the income from a certain principal sum shall be paid to a surviving spouse or other persons for life, with the principal coming to the MGH on the death of these beneficiaries.

A Bequest of a Percentage: whereby the MGH receives a stated percentage of the whole estate, of the residue, or of the remainder after life interests. The will should state the gift to the MGH in a percentage figure, rather than in dollars.

A Contingent Bequest: whereby the MGH becomes the beneficiary only in the event that none of the persons named in the will is living when the will is executed.

If you plan to include the Massachusetts General Hospital in your will or are interested in one of the deferred giving plans, the MGH will suggest to you or your lawyer specific wording for your will, trust, or life income contract to assure that your wishes are carried out. It is suggested that you or your attorney contact Mr. Joseph C. Donnelly, Jr., Deputy to the General Director for Development (telephone: 726-2200), or the Treasurer's Office (telephone: 726-2128).

Statistical and Comparative Tables

Statistical and Comparative Tables

MGH CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescrptions Filled
1964	11,762	205,991	682	141,872
1965	13,498	210,304	696	157,252
1966	14,218	212,607	704	168,338
1967	14,504	226,207	749	176,013
1968	15,846	237,792	782	178,744
1969	15,958	236,194	780	189,133
1970	10,090	180,066	596	186,168
1971	11,640	190,738	629	203,248
1972	10,595	190,854	628	205,505
1973*	10,744	212,846	704	214,272

*Statistics include Staff Clinic and School of Nursing Health Services.

BUNKER HILL HEALTH CENTER
CHELSEA HEALTH CENTER
Patient Registration and Encounter Data

	Bunker Hill Health Center		Chelsea Health Center	
	New Reg.	Encounters	New Reg.	Encounters
1969	3,422	—		
1970	4,065	21,894*		
1971	3,442	46,931**		
1972	3,872***	49,605***		
1973	2,571	49,790	1,643	9,255

*Includes figures from first three quarters, 1970, only.
**Beginning third quarter, 1971, encounter data is an estimate based on a random sample of encounter forms for each time period.
***Includes Chelsea Health Center.

SERVICE IN-PATIENT STATISTICS
For The Years 1964-1973

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1964	13,850	408	508	80	149,458	11 −	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12 −	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12 +	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13 −	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12 +	8,304	752	6.50	63%
1969	11,345	381	488	78.1	138,981	12 +	8,588	754	6.64	60%
1970	11,983	379	487	77.8	138,465	12 −	8,858	702	5.85	50%
1971	11,876	356	481	74	130,060	12 −	5,982	702	5.91	55%
1972	12,024	343	482	71	125,565	10 +	N.A.*	673	5.60	54%
1973	11,424	330	509	64.8	120,683	10 +	N.A.	615	5.40	52%

Total number of patients admitted to General Hospital from the year 1921 — 733,228

Private pediatric patients included in service category since 1963.

SEMI-PRIVATE IN-PATIENT STATISTICS
For The Years 1964-1973

1964	10,041	358	338	106	131,094	13 −	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12 +	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14 +	6,882	568	5.2	64%
1969	11,284	436	402	108	159,337	14 +	6,716	570	5.05	61%
1970	11,966	455	416	109	166,170	14 −	6,801	528	4.41	59%
1971	12,534	452	416	108.7	165,076	13 +	6,667	487	3.88	61%
1972	13,585	468	464	100.9	171,313	13 −	N.A.*	585	4.31	57%
1973	14,332	490	437	112.1	178,823	13 +	N.A.	569	4.0	51%

Total number of patients admitted to Baker Memorial from the year 1930 — 351,160

PRIVATE IN-PATIENT STATISTICS
For The Years 1964-1973

1964	4,716	158	168	94	57,692	12 +	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13 −	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14 −	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14 +	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14 +	1,739	164	3.9	67%
1969	4,058	158	173	91	57,603	14 +	1,716	166	4.09	65%
1970	4,335	153	174	87.9	55,903	13 −	2,021	140	3.22	67%
1971	4,265	142	173	82	51,870	11 −	5,459	145	3.4	60%
1972	4,071	128	138	93	46,778	11 +	N.A.*	116	2.85	47%
1973	4,258	134	138	97.1	49,018	11 +	N.A.	134	3.1	57%

Total number of patients admitted to Phillips House from the year 1917 — 203,041
*None Available

MGH CLINICS

ACTIVE TOTALS
(Totals Number of Visits)

CLINICS	*1973*	*1972*	*1971*
Dermatology			
Dermatology	10,953	10,770	9,743
G. I. D. (Formerly Skin L)	2,587	2,070	1,782
Gynecology			
Gynecology	8,355	8,715	8,020
Infertility	113	213	484
Obstetrics	1,471	1,794	1,469
Gynecology/Endocrine	160	146	95*
Medical			
Allergy	3,449	3,759	4,129
Ambulatory Screening Clinic (Mon.-Fri.)	12,828	15,125	14,042
Anticoagulant	3,417	—	—
Arthritis	1,762	1,500	1,364
Cardiac	2,351	2,582	2,422
Diabetes	967	1,061	1,011
Endocrine	433	553	561
Evening Ambulatory Screening	5,559	—	—
Gastro-Intestinal	1,103	971	978
Hematology	532	603	759
Hypertension	431	417	425
Medical-Adult	24,868	23,057	23,405
Pulmonary	625	654	726
Pulmonary 2	643	497	435
Renal	125	—	—
Social Service (Medical)	3,658	—	—
Thyroid	1,616	1,886	4,458**
Thyroid Metabolism	—	—	650**
Weekend Ambulatory Screening	1,389	—	—
Neuromedical			
Language, Speech & Reading	8,465	7,804	7,914
Neuromedical	6,214	6,378	6,159
Neurosurgical	959	1,209	1,137
Parkinson's	307	342	370
Oral Surgical			
Oral Surgical	6,443	7,054	7,427
Orthopaedic			
Adult Scoliosis (Milwaukee Brace)	61	53	60
Amputation Clinic	550	663	558
Amputation Rounds	193	224	224
Fracture	4,587	4,891	4,751
Orthopaedic	6,566	6,514	6,960
Podiatry	2,601	2,595	2,148
Rehabilitation	419	272	309

Pediatrics			
Pediatric Allergy	745	799	605
Pediatric Cardiac	264	296	266
Pediatric Dermatology	614	578	548
Pediatric Endocrine	509	547	535
Pediatric Episodic Care	808	—	—
Pediatric Genetics	296	299	213
Pediatric Hand	217	—	—
Pediatric Hematology	19	68	28*
Pediatric Medical	4,958	5,901	6,257
Pediatric Neurology	1,045	1,011	987
Pediatric Neurosurgery	21	24	31
Pediatric Orthopaedic	723	643	784
Pediatric Scoliosis	51	—	—
Pediatric Special Hematology	300	—	—
Pediatric Surgery	257	275	309
Pediatric Urology	325	319	358
Weight Control Unit	—	—	25
Well Child Clinic	—	—	191
Psychiatry			
Psychiatry (Child)	3,305	2,831	2,586
Psychiatry I	9,844	9,070	9,214
Psychiatry II	1,281	1,360	1,444
Psychiatry III	12,402	14,335	15,615
Surgical			
Hand	2,512	578	161
Plastic	2,334	2,564	2,485
Surgical	2,011	2,077	2,188
Surgical Dispensary	6,963	6,748	6,216
Surgical Follow-up	3,508	3,671	3,514
Vascular	482	530	528
Thoracic (discontinued 9/28/73)	28	26	30*
Tumor			
Tumor	7,659	7,857	7,588
Urology			
Stone	379	—	—
Urology	6,556	7,866	8,351
Miscellaneous			
Nutrition	2,700	3,233	3,174
Social Service	1,348	2,975	1,532
Staff & School of Nursing Health Service	11,622	—	—
MGH Clinics Total	212,846	190,854	190,738

*Clinic came into existence or assumed a separate identity in fiscal 1970-71.
**Clinic was accounted for in a new statistical process in fiscal 1970-71.

THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY

EXAMINATIONS COMPLETED

	1973	*1972*
Emergency Ward Examinations	67,591	60,038
General Hospital Unit Examinations (White 2)	72,507	50,800
Baker Memorial Unit Examinations (Baker 2)		24,133
Private Ambulatory Unit Examinations	20,299	17,087
Phillips House Unit Examinations	3,655	4,632
Gray Admitting Unit Examinations	11,903	6,180
Angiography Unit Examinations (Gray 2)	1,056	1,088
Neuroradiology Unit Examinations (Gray 2)	4,176	3,259
Nuclear Medicine Unit Examinations (Gray 2)	6,623	3,791
Gray O.R. Unit Examinations (Gray 3A)	15,976	12,476
House Clinics Unit Examinations (Clinic Basmt.)	4,083	602
Other	1,036	804
Total	208,905	184,890

RADIATION MEDICINE
(RADIATION THERAPY)

TREATMENTS	*1973*	*1972*
Phillips House (in-patients)	1,050	893
Baker Memorial (in-patients)	2,001	1,934
General Hospital (in-patients)	951	646
Overnight Ward	8	49
Emergency Ward	0	0
Eye and Ear In-Patients	133	114
Staff Clinics	0	0
Vincent 2	136	103
Vincent 3	124	234
Burnham 4	90	53
Burnham 5	55	49
Burnham 6	35	41
Ambulatory	29,358	25,339
Betatron (BU)	2,578	3,124
Cobalt (BU)	589	951
TOTAL	37,108	33,530
Observations	5,276	5,624
Total Number of Treatments	37,108	33,530
Radium and Iridium Implants	112	119
P 32 Injections	16	13
GRAND TOTAL	42,512	39,286
No. of Patients Treated	1,583	1,738
No. of New Patients	1,297	1,256
Deep X-Ray treatments	28,366	26,276
Superficial X-Ray treatments	8,742	7,254
TOTAL	37,108	33,530

RADIUM REPORT

	1973	*1972*
Phillips House (in-patients)	8	3
Baker Memorial (in-patients)	19	20
General Hospital (in-patients)	4	4
Vincent 2	5	11
Vincent 3	53	61
Eye & Ear	0	2
OPD (Clinic Ambulatory)	0	0
Private Ambulatory	0	1
Overnight Ward	1	0
TOTAL	90	102
Iridium Implants	22	17
P 32 Injections	16	13

PHYSICAL MEDICINE DEPARTMENT

	1973	*1972*
Treatments given:		
Out-Patient	8,595	5,366
General Hospital (Including Eye & Ear Infirmary)	21,503	25,791
Phillips House	2,655	2,075
Baker Memorial	8,660	7,622
Private Ambulatory Patients	7,796	5,142
Total Treatments given	49,209	45,996

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1973, which has been abstracted from the auditor's report, prepared by Alexander Grant & Company, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL

BALANCE SHEET

(September 30)

ASSETS

	Combined		General Hospital		McLean Hospital	
	1973	1972	1973	1972	1973	1972
Cash	$ 2,347,347	$ 759,830	$ 4,908,603	$ 1,920,750	$(2,561,256)	$(1,160,920)
Investments	61,961,430	65,734,218	59,778,517	63,206,523	2,182,913	2,527,695
Collateral on Security Loans	734,000	—	734,000	—	—	—
Accounts Receivable (Net)	29,036,479	23,391,821	24,557,855	20,420,749	4,478,624	2,971,072
Notes Receivable	412,519	414,197	412,519	414,197	—	—
Inventories	2,164,757	1,806,001	2,044,075	1,702,739	120,682	103,262
Prepaid Expense	509,502	523,626	475,463	512,595	34,039	11,031
Plant and Equipment (Net)	64,218,070	63,315,706	58,873,342	58,104,111	5,344,728	5,211,595
Construction in Progress	15,127,746	6,916,289	12,399,832	6,821,980	2,727,914	94,309
TOTAL	$176,511,850	$162,861,688	$164,184,206	$153,103,644	$12,327,644	$ 9,758,044

LIABILITIES AND FUND BALANCES

	Combined		General Hospital		McLean Hospital	
	1973	1972	1973	1972	1973	1972
Accounts Payable	$ 5,506,257	$ 3,375,214	$ 4,924,381	$ 2,731,615	$ 581,876	$ 643,599
Accrued Expenses	1,734,495	1,618,076	1,466,898	1,618,076	267,597	—
Notes Payable	3,000,000	—	3,000,000	—	—	—
Loaned Securities	734,000	—	734,000	—	—	—
Mortgage Notes Payable	8,098,724	5,571,286	6,061,619	5,548,500	2,037,105	22,786
Unearned Tuition Income	188,310	312,742	188,310	312,742	—	—
Reserve for Contractual Adjustments	441,649	783,279	441,649	783,279	—	—
Workmens Compensation Reserve	477,737	460,102	477,737	460,102	—	—
Life Insurance Reserve	140,380	136,388	140,380	136,388	—	—
Temporary Funds	6,647,790	6,505,609	6,537,849	6,411,568	109,941	94,041
Principal Funds	85,324,438	80,783,286	81,338,041	76,997,263	3,986,397	3,786,023
Funds Invested in Plant	64,218,070	63,315,706	58,873,342	58,104,111	5,344,728	5,211,595
TOTAL	$176,511,850	$162,861,688	$164,184,206	$153,103,644	$12,327,644	$ 9,758,044

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
OPERATING STATEMENT

(For year ending September 30)

	1973	1972
CENSUS		
Patient Days	348,524	343,656
Average Daily Census	955	939
Percent of Occupancy	88.3%	86.1%
Number of Beds Available	1,080	1,084
INCOME		
Routine	$37,962,618	$34,877,184
Ancillary	32,408,717	29,439,480
Clinics	7,080,171	6,562,656
Emergency	1,923,802	1,859,963
Private Ambulatory	2,763,638	2,254,457
Other Patient Income	6,537,299	5,837,467
Other Non-Patient Income	8,265,395	7,465,428
TOTAL OPERATING INCOME	96,941,640	88,296,635
DEDUCTIONS FROM INCOME		
Free Service - Inpatients	1,052,397	454,895
Free Service - Outpatients	1,627,239	1,504,061
Medicare Allowance	1,233,539	2,255,455
Blue Cross Allowance	603,259	1,355,130
Welfare Allowance	759,453	1,117,280
W.C.A. Allowance	54,533	188,684
Courtesy Allowance	11,908	10,472
Miscellaneous	(4,977)	44,547
Provision for Doubtful Accounts	867,889	879,307
TOTAL DEDUCTIONS FROM INCOME	6,205,240	7,809,831
NET OPERATING INCOME	90,736,400	80,486,804

	1973	1972
EXPENSES		
Salaries and Wages (Nursing)	13,588,777	12,632,269
Salaries and Wages (Other)	41,574,018	37,682,519
Supplies	14,258,888	13,138,335
Outside Services	4,194,420	3,796,889
Depreciation	3,556,436	3,340,993
Other Expenses Including Interest	15,273,080	12,577,554
TOTAL EXPENSES	92,445,619	83,168,559
OPERATING SURPLUS OR (DEFICIT)	(1,709,219)	(2,681,755)
OTHER INCOME		
Treasurer's Income	1,745,967	1,969,990
Less - Treasurer's Expense	214,462	201,513
NET TREASURER'S INCOME	1,531,505	1,768,477
SURPLUS OR (DEFICIT)	$(177,714)	$(913,278)

THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
OPERATING STATEMENT

(For year ending September 30)

	1973	1972
CENSUS		
Patient Days	86,559	82,810
Average Daily Census	237	226
Percent of Occupancy	86%	92%
Number of Beds Available	275	275
INCOME		
Room and Care	$ 8,450,448	$ 7,528,213
Day and Night Care	648,167	608,808
Outpatient Clinic	452,502	359,248
Childrens' Center	4,672	—
Other Patient Income	1,297,875	1,253,680
Other Non-Patient Income	776,325	501,103
TOTAL OPERATING INCOME	11,629,989	10,251,052
DEDUCTIONS FROM INCOME		
Free Service-Inpatients	259,145	418,062
Free Service-Day and Night Care	19,926	29,312
Free Service-Outpatient Clinic	238,896	220,780
Medicare Allowance	67,284	68,370
Blue Cross Allowance	130,506	105,385
Courtesy Allowance	2,838	9,034
Provision for Doubtful Accounts	206,584	278,125
TOTAL DEDUCTIONS FROM INCOME	925,179	1,129,068
NET OPERATING INCOME	10,704,810	9,121,984
EXPENSES		
Salaries and Wages (Nursing)	2,835,892	2,595,214
Salaries and Wages (Other)	4,754,704	4,031,717
Total Salaries and Wages	7,590,596	6,626,931
Supplies	891,577	727,084
Outside Services	597,189	438,107
Depreciation	360,036	342,652
Other Expenses	1,302,169	1,022,899
TOTAL EXPENSES	10,761,567	9,157,673
OPERATING SURPLUS OR (DEFICIT)	(56,757)	(35,689)
OTHER INCOME		
Treasurer's Income	80,098	92,533
Less Treasurer's Expense	56,154	42,731
NET TREASURER'S INCOME	23,944	49,802
NET SURPLUS OR (DEFICIT)	$ (32,813)	$ 14,113

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL AND McLEAN HOSPITAL COMBINED
STATEMENT OF CHANGES IN FINANCIAL POSITION
UNRESTRICTED FUND

(For year ending September 30)

	1973	1972
Funds provided		
Loss from operations	$(1,845,404)	$(2,700,464)
Charges to operations not requiring funds		
Provision for depreciation (note A)	3,916,472	3,683,646
Nonoperating revenues, net of associated expenses	1,680,894	1,845,637
Funds provided from operations and nonoperating revenues	3,751,962	2,828,819
Gifts and bequests (note A)	583,907	2,333,789
Proceeds from long-term debt	616,500	5,572,000
Property, plant and equipment provided by restricted funds	4,311,977	5,190,185
	$ 9,264,346	$15,924,793
Funds applied		
Additions to plant, net of retirements	$ 4,819,615	$10,762,899
Depreciation funded to restricted fund (note A)	3,878,050	3,760,893
Current maturities of long-term debt	119,090	89,062
Increase in working capital	447,591	1,311,939
	$ 9,264,346	$15,924,793
Changes in components of working capital		
Increase (decrease) in current assets		
Accounts receivable	$ 4,805,042	$ 2,878,772
Due from other funds	473,286	1,176,353
Investments	(413,890)	366,390
Inventory	358,756	74,511
Prepaid expenses	33,675	99,090
	5,256,869	4,595,116
(Increase) decrease in current liabilities		
Current portion of long-term debt	(30,028)	(89,062)
Notes payable to bank	(3,000,000)	1,500,000
Loan payable to Building Fund	(4,000,000)	—
Due to other funds	4,132,761	(2,462,352)
Accounts payable	(2,261,654)	(1,077,231)
Accrued expenses	(116,419)	(387,596)
Reserve for contractual adjustments	341,630	(783,279)
Deferred tuition revenue	124,432	16,343
	(4,809,278)	(3,283,177)
INCREASE IN WORKING CAPITAL	$ 447,591	$ 1,311,939

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
STATEMENT OF FUND EXPENDITURES

(For year ending September 30)

	1973		1972	
RESEARCH FUND EXPENDITURES				
Contract				
Salaries & Wages	$1,192,221		$1,231,798	
Supplies & Expenses	1,347,827	$2,540,048	1,756,054	$2,987,852
Gifts & Grants				
Salaries & Wages	$5,574,791		$4,799,614	
Supplies & Expenses	6,541,068		5,334,566	
	$12,115,859	12,115,859	$10,134,180	10,134,180
Miscellaneous Income	(1,328,872)		(1,925,187)	
Net Expense	$13,444,731		$12,059,367	
Training Grants				
Salaries & Wages	$2,374,440		$2,285,052	
Supplies & Expenses	587,011		640,405	
	$2,961,451	2,961,451	$2,925,457	2,925,457
OTHER FUND EXPENDITURES				
Contract				
Salaries & Wages	$ 547,986		$ 518,172	
Supplies & Expenses	1,557,869	2,105,855	1,328,532	1,846,704
Other Special Purpose Funds				
Salaries & Wages	$1,290,477		$1,011,867	
Supplies & Expenses	1,664,006		1,569,453	
	$2,954,483	2,954,483	$2,581,320	2,581,320
Miscellaneous Income	1,262,032		899,519	
Net Expense	$1,692,451		$1,681,801	
TOTAL FUND EXPENDITURES		$22,677,696		$20,475,513

THE MASSACHUSETTS GENERAL HOSPITAL GENERAL HOSPITAL AND McLEAN HOSPITAL PRINCIPAL AND TEMPORARY FUNDS
(September 30)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
FOR ANY HOSPITAL PURPOSE	$13,555,918

ENDOWMENT FUNDS

FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	$10,000
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,534
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	57,097
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	98,241
HENRY K. BEECHER RESEARCH FUND Income to be used for Anesthesia Research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	168,063
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041
WILLIAM APPLEBAUM FUND Income for improvement of medical care under the direction of Chief of Medical Services.	48,439

	PRINCIPAL
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147
JOHN ASHTON FUND For diseased and wounded soldiers.	61,800
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	22,450
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	720,872
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital — but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	11,480
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,148
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopaedic Service.	59,135
HENRY K. BEECHER HONORARY LECTURESHIP FUND Under the direction of the Chief of the Anesthesia Service.	10,434
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Services.	8,601
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000
THE EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	87,769

	PRINCIPAL
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
MILDRED S. AND MORRIS BURSTEIN FUND Income for cardiac research.	10,231
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	51,505
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service. Gift of American Association of Hospital Social Workers.	1,010
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	353,782
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	22,280
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopaedic Surgery Service.	120,865
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000

	PRINCIPAL
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson, Professor of Clinical Medicine 1951-64; income to be used for research work on chronic diseases, in the Medical Department.	1,092,883
EDWARD D. CHURCHILL FUND Income to be used for the benefit of the Surgical House Staff.	25,007
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000
CONNECTING BUILDING FUND Income for Connecting Building.	10,000
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	341,814
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	248,086
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed children between the ages of six months and ten years."	20,000
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.	32,520

	PRINCIPAL
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of Trustees of The Bessie Rochester Edwards Memorial Foundation $55,914 Disabled Ex-Servicemen's Exchange, Inc. 10,250	66,164
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	4,639
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	20,214
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.	89,753
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	1,399
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only — preferably for West End children.	2,282
DR. NATHANIEL W. FAXON FUND Income only to be use for the support of the Archives, the *MGH News*, or some similar publication.	5,000
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000

	PRINCIPAL
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.	80,000
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,520
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	4,845,356
GEBBIE FUND For support of teacher investigators under the direction of the Chief of the Orthopaedic Service.	514,035
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,596
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
ISABELLE ORAM HERTELL FUND For maintenance, support, and improvement of the hospital, or of its services, or in the interest of the public health.	14,657
THE WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,054
CHARLES W. HOLTZER FUND Income for general research work.	41,667

	PRINCIPAL
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	5,468,581
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	71,000
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	7,665
THE VARAZTED H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	32,500
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of Nurses in the Hospital.	5,000
THE JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000

	PRINCIPAL
THE MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190
THE CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517
MARY LOU McCARTHY MEMORIAL FUND Income for education and research in radiation medicine.	12,372
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150
MEDICAL ONCOLOGY DIRECTOR'S FUND To support the Director of Medical Oncology.	217,937
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons, particularly the young, who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies Visiting Committee.	6,189

	PRINCIPAL
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with non-obligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
THE MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	64,080
THE MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	86,128
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,321
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	11,880
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241

	PRINCIPAL
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C.R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillips House nurses.	2,190
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation — *First:* Of the cause, treatment and prevention of recurrence of urinary stones, and *Second:* Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	21,051
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113
EDWARD PIERSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery —." Gifts of Dr. Richardson's Sons in Memory of their Father.	15,000
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	33,505
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chief of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142

	PRINCIPAL
THE MARIAN MAHIN ROBB MEMORIAL FUND Income for Cancer Research.	11,181
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,767
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children." Bequest of Philip L. Saltonstall.	5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,092,288
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	41,341
THE CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000
GEORGE C. AND ANNE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus Income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000
WALTER K. SHAW, JR., MEMORIAL FUND For medical oncology under the direction of the Chief of the Medical Service.	20,005
SHEPARD-GILL SCHOOL Income for operating. Louise A. Gautzbach, Sophie K. Rousmaniere and Helen Storrow Endowment Fund under the direction of Director of School.	136,827
SHEPARD-GILL SCHOOL Armenia Young Endowment Scholarship Fund under the direction of Director of School.	5,000
SHEPARD-GILL SCHOOL Shepard-Gill Revolving Loan Fund under the direction of Director of School.	4,804
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of Books on research, periodicals, reports or publications, etc.	1,820

	PRINCIPAL
ELSIE SKOLNICK MEMORIAL FUND Income or principal can be employed by Trustees to promote Hospital purposes or functions. Fund under direction of the Chief of Staff of the Vincent Memorial.	7,000
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
SMITH-PETERSON FOUNDATION FUND To provide medical and surgical care of indigent persons and for research in orthopedics under the direction of the Chief of the Orthopaedic Service.	216,843
SOCIAL SERVICE FUND Income for Social Service.	133,515
REBECCA W. SPINDLER FUND Income for Hodgkin's Disease under the direction of the Huntington Memorial Laboratories.	1,983
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021
HOWARD W. AND ELIZA (PEASE) SPURR FUND Income for general purposes.	177,685
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	3,811
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	70,000
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,589

	PRINCIPAL
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	6,563
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	41,038
TREADWELL LIBRARY FUND Income for the Treadwell Library.	8,555
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
WALTER F. AND MABEL E. UNDERWOOD FUND Means for medical research for the care and prevention of children's diseases, particularly cancer.	50,000
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
VOLUNTEER DEPARTMENT FUND Income to further the work of the volunteer services.	2,662
FRANCIS KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren	30,100
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574

	PRINCIPAL
WETHERILL FUND Income to be used for the Wetherill Awards to graduates of the Massachusetts General Hospital School of Nursing.	2,000
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,818
GEORGE ROBERT WHITE FUND "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	108,963
DR. JAMES C. WHITE NEUROSURGICAL FUND Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,739
GEORGE WIGGLESWORTH FUND Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.	63,494
WOODEN LEG FUND Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600
TOTAL GENERAL HOSPITAL FUNDS	$29,213,990

FIDUCIARY FUNDS

	PRINCIPAL
DR. EDWARD CARLETON ATWOOD FUND Income payable to a life interest.	$606,076
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	7,981
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C.H.W. Foster.	15,000
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. Given by "Her Family and Friends."	14,329
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	424,345
FANNIE NEWALL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000

	PRINCIPAL
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000
SUSPENSE AND SPECIAL FUNDS	32,102
TOTAL FIDUCIARY FUNDS	$1,140,098

BUILDING FUNDS

GENERAL HOSPITAL	$11,096,435
TOTAL GENERAL HOSPITAL PRINCIPAL FUNDS	$55,006,441

McLEAN HOSPITAL FUNDS
GENERAL FUND

	PRINCIPAL
For any Hospital purpose	$1,049,484

ENDOWMENT FUNDS

EDWARD STANLEY ABBOTT MEMORIAL FUND For scientific investigation at McLean Hospital.	$10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	6,553
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,209
EMILY MILLIKEN HALE MEMORIAL FUND To expedite the study of the nature and treatment of mental disorders.	154,500
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing	34,637

	PRINCIPAL
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	24,284
TOTAL ENDOWMENT FUNDS	$891,722

FIDUCIARY FUNDS

MARION WETHERHILL ABBOTT MEMORIAL FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbott	$167,259

BUILDING FUNDS

McLEAN HOSPITAL	$899,692
TOTAL McLEAN HOSPITAL FUNDS	$3,008,157
TOTAL PRINCIPAL FUNDS	$58,014,598

TEMPORARY FUNDS

GENERAL HOSPITAL FUNDS

ENDOWMENT FUNDS	$1,844,324
FIDUCIARY FUNDS	45,151
SPECIAL PURPOSE FUNDS	4,031,766
OTHER	616,607

McLEAN HOSPITAL FUNDS

ENDOWMENT FUNDS	18,383
SPECIAL PURPOSE FUNDS	86,984
OTHER FUNDS	4,575
TOTAL TEMPORARY FUNDS	$6,647,790

SUMMARY

TOTAL PRINCIPAL FUNDS	$58,014,598
TOTAL TEMPORARY FUNDS	6,647,790
FUNDS INVESTED IN PLANT	64,218,070
GAINS	726,846
TOTAL OF ALL FUNDS	$129,607,304

THE MASSACHUSETTS GENERAL HOSPITAL
GIFTS AND BEQUESTS
(For year ended September 30)
PRINCIPAL FUNDS
GENERAL HOSPITAL FUNDS

GENERAL FUNDS

FOR ANY HOSPITAL PURPOSE		
Bequests		$ 532,003.36
Gifts		47,521.69
		$ 579,525.05

ENDOWMENT FUNDS

Arthur W. Allen Residents' Teaching Fund		
Bequest of Arthur W. Allen	5,000.00	
In Memory of Mrs. Vida W. Allen	25.00	
Gifts	5,575.00	$ 10,600.00
The Joseph S. Barr Memorial Research and Teaching Fund		
In memory of Johan Sandberg	35.00	
Gifts	600.00	635.00
Henry K. Beecher Lectureship Fund		
Gifts		1,045.00
The Edward F. Bland Fund		
In memory of Mr. Nathan Cohen	25.00	
In memory of Mr. Israel Goldberg	50.00	
In memory of Mr. Robert W. Judd	10.00	
Gifts	100.00	185.00
Mildred S. & Morris Burstein Fund		
Bequest of Morris Burstein		10,000.00
Cancer Research Endowment Fund		
In memory of Mrs. Eva Brezner	500.00	
In memory of J. Lothrop Motley	630.38	1,130.38
Edwin F. & Louise Cave Traveling Fellowship Fund		
Bequest of Mrs. Harriet Hayward Sanders Trust	530.54	
Gifts	1,759.75	2,290.29
The N. W. Faxon Fund		
Bequest of Dr. Nathaniel W. Faxon		5,000.00
The Isabelle Oram Hertell Fund		
Gift		7,500.00

Unrestricted Income-General Hospital		
Bequest of Maude E. Appleton	3,064.00	
Bequest of Paul T. Babson	86,826.11	$ 89,890.11
Chester Morse Jones House Staff Educational Fund		
In memory of Dr. Chester M. Jones		370.00
Philip Joslin Memorial Fund		
In memory of Philip and Dorothy Joslin		200.00
Varazted H. Kazanjian Fund		
Gift		2,500.00
Mary Lou McCarthy Memorial Fund		
Gift		100.00
The Mitton Fund		
Gifts		850.00
The Mixter Fund		
In memory of Mrs. George Mixter	50.00	
Gifts	600.00	650.00
Outpatient Clinic Fund		
Gift		1,000.00
Marian Mahin Robb Memorial Fund		
Gift		200.00
The Richard Saltonstall Director of Medical Oncology Fund		
Gift		217,937.50
School of Nursing Scholarship Fund		
Gifts		1,020.00
Terry Shuman Memorial Fund		
Gift		50.00
Elsie Skolnick Memorial Fund		
Gift		2,000.00
Smith-Petersen Foundation Fund		
Gift		223,426.80
Social Service Fund		
Gift		2,500.00
Rebecca W. Spindler Hodgkins Disease Fund		
Gifts		1,982.54
Howard W. & Eliza (Pease) Spurr Fund		
Bequest of Howard Spurr Trust		6,485.92
Children's Medical Research		
In memory of Brian E. Conroy		276.90

Volunteer Department Fund		
In memory of Mr. & Mrs. William F. Bennett	20.00	
In memory of Harriet Bogart	2.00	
In memory of Roger Upham	10.00	
In memory of William J. Wolf	500.00	
Gifts	183.00	715.00
Unrestricted Free Bed Fund		
Bequest of Laura E. Stegner	87.43	
Bequest of Mrs. Alice M. Wentworth Trust	3,675.00	3,762.43
Shepard Gill School-Louise A. Goutzback, Sophie K. Rousmaniere & Helen Storrow Fund		
Gifts		15.00
		$594,317.87

BUILDING FUNDS

CANCER AND RADIATION THERAPY CENTER		
Bequests	107,069.38	
Gifts	3,221,440.02	$3,328,509.40
GRAY BUILDING FUNDS		
Bequest	3,000.00	
Gifts	53,363.00	56,363.00
MISCELLANEOUS BUILDING FUNDS		
Gifts		2,081.20
		$3,386,953.60

McLEAN HOSPITAL FUNDS

GENERAL FUNDS

FOR ANY HOSPITAL PURPOSE	
Gifts	$ 3,764.85

ENDOWMENT FUNDS

Free Beds Fund		
Gift	10.00	
Annabella McCrae Endowment Fund of the School of Nursing		
Bequest of Margaret R. Bonnell	13,482.91	$13,492.91

BUILDING FUNDS

CHILDREN'S CENTER	
Gifts	$ 224,116.33

DRUG CENTER BUILDING RENOVATION		
Gift		7,500.00
		$231,616.00
TOTAL PRINCIPAL FUNDS		$ 4,809,670.61

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

CURRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	15,502.72	
Gifts	141.00	
United Community Services	13,908.00	$ 29,551.72
MISCELLANEOUS FUNDS		
Bequest of Maud H. Bullard	615.13	
Bequest of Paul R. Bullard	1,884.87	
Bequest of Matilda J. Sutton	13,948.07	
Gifts	10,570.75	27,018.82

FUNDS FOR SPECIAL PURPOSES

Bequests	716,295.24	
Gifts	1,462,647.37	
Grants Government	13,936,487.48	
Grants Foundations	773,637.31	16,889,067.40

McLEAN HOSPITAL FUNDS

TREASURER'S FUNDS

CURRENT EXPENSE FUND		
United Community Services		2,175.00

FUNDS FOR SPECIAL PURPOSES

Bequests	4,575.00	
Gifts	133,651.64	
Grants Government	1,440,295.00	1,578,521.64
		$18,526,334.58
TOTAL INCOME FUNDS		

SUMMARY

TOTAL PRINCIPAL FUNDS	$ 4,809,670.61
TOTAL INCOME FUNDS	18,526,334.58
TOTAL GIFTS AND BEQUESTS	$23,336,005.19

G. LAMAR CRITTENDEN
Treasurer

One Hundred and Fifty-sixth Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1973

Belmont, Massachusetts

MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

OFFICERS OF THE INSTITUTION, 1974

Honorary President
Francis C. Gray

President
Edward L. Bigelow

Vice-President
Henry R. Guild

Treasurer
G. Lamar Crittenden

Secretary
Henry R. Guild, Jr.

Trustees

1947 John E. Lawrence, *Chairman,* 177 Milk Street 02109
1943 Lloyd D. Brace, 100 Federal Street 02110
1947 *Francis O. Schmitt, Ph.D., M.I.T. Neurosciences Research Program, 280 Newton Street, Brookline 02146
1955 Philip H. Theopold, 294 Washington Street 02108
1962 Francis H. Burr, 225 Franklin Street 02110
1963 George Putnam, 265 Franklin Street 02110
1968 G. Lamar Crittenden, 100 Federal Street 02110
1969 Nelson Darling, Jr., 100 Federal Street 02110
1969 W. Nicholas Thorndike, 28 State Street 02109
1972 *S. Lang Makrauer, 75 Federal Street 02110
1973 *Mrs. R. Morton Claflin, 37 Chestnut Street 02108
1974 *Maurice Lazarus, 50 Cornhill 02108

Honorary Trustees

1962 Francis W. Hatch, 2300 Prudential Center 02199
1968 Francis C. Gray, 10 Post Office Square 02109
1968 Ralph Lowell, One Boston Place 02106
1969 Henry R. Guild, 100 Federal Street 02110
1974 *Edward L. Bigelow, 225 Franklin Street 02110
1974 *Sidney R. Rabb, 393 D Street, Boston 02210

MASSACHUSETTS GENERAL HOSPITAL/McLEAN HOSPITAL
OTHER MEMBERS OF THE CORPORATION

Mrs. Nelson W. Aldrich
Mrs. Frank G. Allen
Mr. James Barr Ames
Mr. Robert Amory, Jr.
Mr. O. Kelley Anderson
Mr. Walter Berman
Mrs. James T. Baldwin
Mr. G. Storer Baldwin
Mr. Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
Mr. J. Howard Bushway
Mrs. Charles C. Cabot
Mr. Thomas D. Cabot
Mr. Walter Cabot
Mr. Bushrod H. Campbell
Mr. Hadley Case
Mr. John P. Chase
Mr. Theodore Chase
Mr. William H. Claflin
Mr. Ferdinand Colloredo-Mansfeld
Mrs. A. Werk Cook
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Mrs. William C. Cox
Mr. Charles C. Cunningham
Mrs. Richard E. Danielson
Mr. William H. Driver, Jr.
Miss Betty Dumaine
Mr. Robert R. Duncan
Mr. Charles J. Dunn
Mr. William Ehrlich
Mr. Alexander Ellis, Jr.
Mr. Donald J. Falvey, Jr.
Mr. Sewall H. Fessenden
Mrs. Gardiner H. Fiske
Mr. Laurence E. Fouraker
Mr. Peter Fuller
Mr. M. Dozier Gardner
Mrs. Francis C. Gray
Mrs. Roland D. Grimm
Mr. Edward B. Hanify
Mr. Richard Harte, Jr.
Dr. Roy J. Heffernan
Mr. Edwin W. Hiam
Mr. Gilbert H. Hood, Jr.
Mr. Harvey P. Hood
Mr. Edward C. Johnson, III
Mr. William T. Kemble
Senator Edward M. Kennedy
Mrs. Wheaton Kittredge, Jr.
Dr. John H. Knowles
Miss Aimee Lamb
Mr. Henry A. Laughlin
Mr. David S. Lee
Mr. Franklin A. Lindsay
Mr. Alfred L. Loomis
Mr. Joseph W. Lund
Mr. Roderick M. MacDougall
Mr. Joseph Mailman
Mr. William C. Mercer
Mrs. Charles E. Merrill, Jr.
Mr. James Jackson Minot
Mr. Colman Mockler
Mr. Frederick S. Moseley, III
Mr. George Olmsted, Jr.
Mr. James H. Orr
Mrs. Stephen D. Paine
Miss Amelia Peabody
Mrs. Sumner Pingree
Mr. William N. Rand
Miss Anna P. Revere
Mrs. Karl Riemer
Mrs. Horatio Rogers

Mr. Irving E. Rogers
Mr. Samuel S. Rogers
Rt. Rev. Henry K. Sherrill
Mr. Richard A. Smith
Mr. Raymond D. Stevens
Mr. Henry S. Streeter
Judge Joseph L. Tauro
Mr. Thomas C. Thacher
Mrs. Augustus Thorndike
Mr. Richard K. Thorndike
Mr. Frederick G. P. Thorne
Mr. Samuel J. Tomasello
Dr. John V. Vernaglia
Mr. Ralph B. Vogel
Mr. F. Frank Vorenberg
Mr. Jeptha H. Wade
Mr. Edward A. Weeks, Jr.
Mr. John P. Weitzel
Mr. James O. Welch, Jr.
Mr. Henry Wheeler

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S. in Psych. Nurs., M.S.H.A., F.A.C.H.A.

Comptroller
and
Assistant Director for Fiscal Affairs
Robert L. Murphy, A.B., M.B.A.

DIRECTORS OF DEPARTMENTS

Accounting
Robert L. Murphy, A.B., M.B.A.

Building Service
James C. Shuttle

Communication Services
Paula Levin, M.A.

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Mary Branston, B.S. in Ed.,
A.D.A. (M), R.D.

Laundry
Arnold O. Tompkins

Medical Records
Ruth G. Pucciarelli, B.S., R.R.A.

Medicine
Charles H. Weingarten, M.D.

Nursing
Mildred C. Makin, R.N., B.S. in N. Ed.,
Ed.M.

Patient Education
John F. Dunn, M.A.

Personnel
David W. Bohy, B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Professional Libraries
Hector Bossange, M.A.

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Elena M. Volante, B.A.

Purchasing
Alexander Armour

Rehabilitation Services
Frances Palmer, B.S., O.T.R.

Safety and Security
David B. Balise, R.N., B.S., M.P.H.

Social Work
Golda M. Edinburg, M.S. in S.S.

Volunteers
Anne K. Dunn, B.A.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 15, 1974

SENIOR CONSULTING STAFF

John A. Abbott, M.D.
Mark D. Altschule, M.D.
Lydia Dawes, M.D. (Senior Consulting Child Psychiatrist)
Paul M. Howard, M.D.
Erich Lindemann, M.D.
William F. Murphy, M.D.
Helen Tartakoff, M.D. (Senior Consulting Child Psychiatrist)

BOARD OF CONSULTATION

Harry C. Solomon, M.D.

DEPARTMENT OF PSYCHIATRY

Psychiatrist in Chief
Shervert H. Frazier, M.D.

Clinical Director
Harvey M. Shein, M.D.

Director of Child Psychiatry
Silvio J. Onesti, M.D.

Psychiatrists

Edward M. Daniels, M.D.
Francis de Marneffe, M.D.
Leon Eisenberg, M.D.
Stanley H. Eldred, M.D.
Jack H. Mendelson, M.D.
Harvey M. Shein, M.D.
Alfred H. Stanton, M.D.

Attending Psychiatrists

Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
Norman E. Zinberg, M.D.

Attending Child Psychiatrists

Malvina Stock, M.D.
Arthur F. Valenstein, M.D.

Associate Psychiatrists

Dietrich P. Blumer, M.D.
Richard D. Budson, M.D.
Arthur J. Cain, M.D.
Enid Caldwell, M.D.
Richmond Holder, M.D.
Robert P. Hopkins, M.D.
Phillip Isenberg, M.D.
Irene Jakab, M.D.
Philip Kelleher, M.D.
Maria Lorenz, M.D.
Roger E. Meyer, M.D.
*Egbert H. Mueller, M.D.
Myron R. Stocking, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Child Psychiatrist

John B. Livingstone, M.D.

Associate Attending Psychiatrists

David Blau, M.D.
Peter Choras, M.D.
Jo Anne Fineman, M.D.
Peter B. Jenney, M.D.
Don R. Lipsitt, M.D.
Cecil Mushatt, M.D.
Peter Reich, M.D.
Alan A. Stone, M.D.
Edward L. Zarsky, M.D.

Associate Attending Child Psychiatrists

*Barbara C. Mueller, M.D.
Malkah T. Notman, M.D.
Elinor M. Siner, M.D.
Anna K. Wolff, M.D.

*Leave of Absence 7/15/73 - 9/15/74

Assistant Psychiatrists

Daniel P. Asnes, M.D.
Richard H. Bendt, M.D.
Howard S. Berger, M.D.
Jane M. Berman, M.D.
John H. Brandt, M.D.
Corbett Campbell, M.D.
John G. Gunderson, M.D.
C. Donald Hammond, M.D.
Burt Johnson, M.D.
Jonathan E. Kolb, M.D.
John C. Kuehnle, M.D.
John R. Lion, M.D.
Paul E. McLean, M.D.
H. Brian McNamee, M.D.
Martin A. Miller, M.D.
Steven M. Mirin, M.D.
Harry Penn, M.D.
Jalna Perry, M.D.
Phelps M. Robinson, M.D.
Ralph S. Ryback, M.D.
John B. Spillane, M.D.
Bernard S. Yudowitz, M.D.

Assistant Child Psychiatrist

Peter R. Saltzman, M.D.

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Ruth Tiffany Barnhouse, M.D.
Paul A. Buttenwieser, M.D.
Lloyd M. Caplan, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Maurice C. Cion, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Edwin M. Davidson, M.D.
Paul R. Dinsmore, M.D.
Frederick Ehrlich, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Max Geller, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D. (Children's Center)
Todd F. Holzman, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Carolyn Ise, M.D.
Eda M. Kahana, M.D.
Alvin Kahn, M.D.
Alan S. Katz, M.D.
Melvin M. Kayce, M.D.
Arnold M. Kerzner, M.D.
George B. Lawson, M.D.
Robert Leff, M.D.
Zenos M. Linnell, M.D.
Joseph F. Lipinski, M.D.
Mark Mahnke, M.D.
Nancy J. McDonnell, M.D.
Charles Middleton, M.D.
Emanual Mirel, M.D.
Amos Nahor, M.D.
Donald Ottenstein, M.D.
Arthur N. Papas, M.D.
Robert D. Patterson, M.D.
John K. Pearce, Jr., M.D.
Michael D. Robbins, M.D.
Alexandra Rolde, M.D.
Lucy Salomon, M.D.
Carl Salzman, M.D.
Charles A. Schwartz, M.D.
Edward S. Schwartzreich, M.D.
Daniel Shaw, M.D.
Arnold Sheinis, M.D.
Walker E. Shields, Jr., M.D.
Michael A. Sperber, M.D.
Ruth Stauffer, M.D.
Larry H. Strasburger, M.D.
Charles W. Swearingen, M.D.
William D. Temby, M.D.
Roland H. Ungerer, M.D.
Jerry Wacks, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederic E. Whiskin, M.D.
Harold W. Williams, M.D.

Assistant Attending Child Psychiatrists

Martin Miller, M.D.
Chester A. Pearlman, Jr., M.D.
Richard Sens, M.D.

 # Clinical Fellows in Psychiatry

Steve G. Agular, M.D.
Mary H. Collins, M.D.
Michael D. Daniels, M.D.
Peter J. Kulka, M.D.
J. Wayne Matthews, M.D.
Robert Weinstock, M.D.

 # Clinical and Research Fellows in Psychiatry

Paul R. Draskoczy, M.D.
Theo C. Manschreck, M.D.
Peter A. Mansky, M.D.
David V. Sheehan, M.D.
Lawrence F. Wasser, M.D.

Residents in Psychiatry

Joseph H. Albeck, M.D.
Donald M. Allen, M.D.
Gerald M. Aronoff, M.D.
Martha R. Bobruff, M.D.
*B. Rock Choe, M.D.
Allan K. Chrisman, M.D.
Alan R. Cohen, M.D.
Kathleen E. Dempsey, M.D.
Stuart E. Edelman, M.D.
Alan R. Felthous, M.D.
Penelope Garrison, M.D.
Stephen N. Gerson, M.D.
Rhoda B. Goldwasser, M.D.
William B. Hawthorne, M.D.
John S. Heisel, M.D.
Frederic L. Henderson, M.D.
John S. Howland, M.D.
William S. James, M.D.
Monte S. Kay, M.D.
Marita M. Keller-Teschke, M.D.
Rona B. Klein, M.D.
Louis E. Kopolow, M.D.
Michael S. Levy, M.D.
Shirley F. Marks-Brown, M.D.
William F. Menzin, M.D.
Zonda J. Mercer, M.D.
Michael L. Pearlman, M.D.
Stephen L. Powers, M.D.
Joseph S. Ratner, M.D.
Russell J. Ricci, M.D.
**Marcosa J. Santiago, M.D.
Kenneth M. Settel, M.D.
Jonathan P. Strang, M.D.
Barry Sugarman, M.D.
W. Merle Wallis, M.D.

Residents in Child Psychiatry

Steven L. Ablon, M.D.
Paul H. Arkema, M.D.
Frederic J. Coplon, M.D.
Elsie J. Freeman, M.D.
Matthew R. Friedman, M.D.
Gretchen H. Jacobs, M.D.
Lloyd F. Price, M.D.
Robert P. Tufo, M.D.
Judith Yanof, M.D.

 # Through June 30, 1974
**On affiliation from Metropolitan State: March-April, 1974*
***On Affiliation from Metropolitan State Hospital: January-February, 1974*

DEPARTMENT OF MEDICINE

Internal Medicine

Chief of Medicine
Charles H. Weingarten, M.D.

Clinical Assistant in Medicine
Robert D. Busiek, M.D.

Assistant Physician
Joseph J. Herskovitz, M.D.

Resident Physician
Martin B. Keller, M.D.

Medical Technologists
Sister Rita Imelda Sullivan, B.S., R.M.T.
Virginia P. Gearin, B.S., M.T. (A.S.C.P.)

Physical Therapist
Sarah Lawthers, R.P.T.

Podiatrist
Theodore H. Atkinson, D.P.M.

Pediatrics

Associate Attending Pediatrician
S. Norman Sherry, M.D.

Assistant Attending Pediatrician
Michael L. Goldfein, M.D.

NEUROLOGY

Assistant Neurologists
Larry J. Embree, M.D.
Bryan T. Woods, M.D.

Assistant Attending Neurologist
Edwin H. Kolodny, M.D.

Associate Attending Pediatric Neurologist
Norman P. Rosman, M.D.

Assistant Attending Pediatric Neurologist
Eileen M. Ouelette, M.D.

DENTAL MEDICINE

Assistant Dental Surgeon
Herbert J. Dorris, D.M.D.

RADIOLOGY

Radiologic Technologist
Katherine Mulloy, R.T.

BIOLOGICAL RESEARCH LABORATORY

Director
Jordi Folch-Pi, M.D.

Neuropathologist
Alfred Pope, M.D.

Assistant Neuropathologist
Harvey M. Shein, M.D.

Biochemist
Pierre J. Stoffyn, Ph.D.

Associate Biochemists
Joseph Eichberg, Jr., Ph.D.
George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Victor E. Shashoua, Ph.D.

Assistant Biochemists
David Sakura, Ph.D.
Ann Marie Stoffyn, Ph.D.

Research Fellow in Biochemistry
David S. Chan, Ph.D.

Drug Abuse Research Center

Associate Biochemist
James Ellingboe, Ph.D.

Assistant Biochemist
Theodore C. Adams, Jr., Ph.D.

Report of the Director

Introduction

This was a year of rapid growth, a year in which McLean continued to consolidate and expand existing programs in patient care, teaching, and research — and to establish new ones. It was the first full year of new directions in these three key areas brought about by the appointment of Shervert H. Frazier, M.D., as Psychiatrist in Chief. It was a year which confirmed once again the unique place of McLean in American psychiatry and in service to the community.

Any fiscal year is an arbitrary period of time. What occurs within it may reflect the culmination of courses of action begun years earlier — or may set in motion courses of action whose impact will not be felt for years to come.

Children's Center

The past year involved significant events of both types. After many, many years of planning and work by many people, the Children's Center was preparing at year-end for its official opening on October 1. For the first time in its history, McLean was extending its treatment to people of all ages. By year-end, the nucleus of a multidisciplinary team to work with the children at the Center had been hired to work under Silvio J. Onesti, M.D., Director of Child Psychiatry. A small luncheon was held for trustees and friends of McLean at the Children's Center to give them an opportunity to see the new facilities. The firm of Perry, Dean & Stewart, together with members of the staff of the hospital, worked for several years in developing a quite unique Children's Center. Its new Hall-Mercer Building is a beautiful piece of architecture in which the concepts of child psychiatric treatment were built into the structure. Because rising costs of construction prevented us from building as large a building as we had wished, additional services were provided in other buildings. The basement of Upham was renovated to serve as a therapeutic school and other facilities renovated to house administrative offices and the Center's outpatient services.

New Research Directions

While the year saw in the Children's Center the culmination of efforts begun years earlier, the year also saw activities initiated which would have great impact on the future of McLean. The exciting work

which Seymour S. Kety, M.D., and his group have been doing in recent years has led the hospital to collaborate with him in the development of a major research program at McLean in the causes of the major psychoses. The trustees approved in principle the expansion of the hospital's research facilities and authorized a major capital fund drive for this purpose. And the hospital has obtained a Certificate of Need from the state to construct a new Psychobiological Research Center. This will cost an estimated $3.7 million, for which the capital fund campaign was getting underway at year-end. Research projects were also initiated in the area of drug abuse, and McLean was awarded several new federal contracts for this research. Jack M. Mendelson, M.D., and Roger E. Meyer, M.D., joined McLean to direct these efforts as Director and Associate Director of the Alcohol and Drug Abuse Research Center, respectively.

Plans for Improving the Physical Plant

McLean was looking to the future in other actions initiated during the year. With the constant increase in the number of programs, patients and staff at McLean, it is clear that serious thought must be given to preserving the beauty of McLean land. Thus, the hospital this year retained the services of Dan Kiley and Associates to prepare a master plan for the improvement of the landscape at McLean and to make specific recommendations about the road system access and parking. Another aspect of this is that the buildings of McLean were built for a different era of psychiatry than the present one. It is clear that operating dispersed, separate patient buildings as we now do is extremely expensive. For one thing, it requires a larger staff. Since 75 percent of hospital expenses are allocated to salaries, it is essential that the hospital have in the future more efficient, more effective, and less costly buildings to operate. Thus, at year-end, the hospital was reviewing possible directions in which to go with respect to its physical plant and outside landscape.

Increase in Patients

Due to some of the new developments already mentioned and others which will be described in this report and also in the Report of the Psychiatrist in Chief, the pace quickened markedly during the year. Most striking, perhaps, is the tremendous increase in the number of patients treated and the shortening of the period of hospitalization. Inpatient admissions increased 50 percent over the preceding year and put both clinical and administrative demands on the hospital. This tremendous increase in patients necessitated the reopening of Codman

House III, which added 18 beds, bringing the hospital's total complement of beds for adult services to 284. It also put pressure on the hospital to find more effective ways of evaluating and treating patients and of providing more alternatives to hospitalization. It also resulted in the hospital's studying its partial hospitalization and aftercare services in depth and centralizing these for more effective treatment of patients.

During the year, too, the hospital expanded its community residences, about which more information will be found in the Report of the Psychiatrist in Chief.

Visiting Committee: Arlington School

The hospital's first Visiting Committee — established for the Arlington School — had its first meeting during the year. It was an exciting event for the hospital to have a group of knowledgeable individuals, not previously connected with the hospital, apply their thoughts and talents to the needs of the Arlington School and the hospital as a whole. The committee is under the chairmanship of Dr. Theodore Sizer, the headmaster of Phillips Academy in Andover. The committee has worked hard and with enthusiasm. One indication is that the committee requested a second meeting at McLean even though originally only one meeting was planned. The committee is broken into a number of subcommittees. These are collaborating with the faculty of the Arlington School in developing some independent studies about various aspects of the school operation preliminary to making specific recommendations for improving the school.

Corporation Dinner

A highlight of the fiscal year was the holding of the Annual Dinner of the Massachusetts General Corporation at McLean for the first time. It provided the hospital with an opportunity to describe McLean's programs and special needs to the trustees, members of the corporation, and members of the medical staff of the Massachusetts General Hospital. It was a joyful occasion for McLean, and we found the opportunity of having our own medical staff mix with their colleagues at the General to be stimulating and interesting.

Accreditation

Another rewarding experience during the year occurred in connection with accreditation. The hospital was surveyed by the Joint Commission on Accreditation of Hospitals under the new standards promulgated by its Accreditation Council for Psychiatric Facilities. The hospital was accredited for a two-year period.

Financial

Financially the hospital finished the fiscal year in reasonably good shape with only a slight deficit, in spite of the fact that start-up costs for the Children's Center were considerable, as anticipated. As we look to the future, we can expect that the hospital will continue to be in great demand for its services at a time when all kinds of changes are occurring in the financing of psychiatric care. There is a trend in the state presently to reduce the number of inpatient beds in the state mental hospitals, and we have already noticed that this is resulting in increased demand for McLean services. In addition, the trend mentioned in previous reports of increasing insurance coverage for psychiatric treatment continues. While we anticipate that over the next few years a National Health Insurance Program will be developed, it remains to be seen to what extent adequate provisions will be made for the coverage of psychiatric illness.

On another financial front, the hospital has been beset by the evidently unfair practice of the government controlling the hospital industry while, at the same time, de-controlling the prices of almost every commodity hospitals must buy to operate. Therefore, if price stabilization continues, the hospital will, indeed, be challenged to find more effective ways of treating patients at lower cost without, hopefully, having to reduce the quality of care. The average annual increase in cost of the operation of the hospital is about 9 percent. Yet under the Price Stabilization Program, the hospital is allowed to pass on only 6 percent of its increased cost to patients. The only remaining ways to meet these costs are through increases in the productivity of staff and employees and in the number of patients treated. However, there are difficulties here, too. First, there may be a limit to how many patients, in fact, exist who need psychiatric hospital treatment; secondly, under Certificate of Need legislation, the hospital is not permitted constantly to increase the number of beds to serve more patients. These are some of the still unsolved problems of the future.

Another problem which the hospital is addressing itself to is how to finance its capital needs. At the present time, the hospital annually funds approximately $400,000 of depreciation — very little money considering the needs of the old buildings of McLean. There is simply not enough money on an annual basis either to maintain or improve the existing patient units and, at the same time, make space necessary for the development of new programs. It is essential that some balance be struck between these two needs.

Conclusion

At year-end there was a sense of satisfaction with McLean's achievements and a realization that other challenges lay ahead. There was the excitement of knowing that new programs were underway which would enable McLean to live up to its tradition and remain on the cutting edge of American and local psychiatry. Throughout its past the support of the trustees and, particularly, of the McLean Committee has been invaluable. With their continued interest, there is no question that McLean can meet the challenges of the future.

FRANCIS de MARNEFFE, M.D.
Director

Report of the Psychiatrist in Chief

Introduction

Two concurrent goals guided activities this year in the areas of patient care, teaching, and research. The first was to meet needs in the here and now — demands for psychiatric services which McLean faces today and in the short-term future. The second was to lay foundations for growth and excellence for McLean in the long-range future.

Admissions Center

An immediate concern in patient care during the year was to open the hospital up — that is, to make access to hospitalization at McLean quicker and easier. A related objective was to conduct more rapid initial evaluations of individuals admitted. The first was attempted by eliminating preadmission screening interviews by hospital social workers and relying instead on the judgment of referring professionals that admission is required. .

At year-end it was clear we had been successful. McLean had had 716 inpatient admissions versus 478 the previous year. Also, evaluations of those admitted were in most cases being made within three to ten days. After evaluation many patients are referred to appropriate agencies in the community.

The changes in the Admissions Center this year will, I hope, be just one step among many in developing closer liaison with community agencies and in making referral routes to and from McLean and the community easier.

Children's Center

Probably the most significant event in patient care was the opening of the Children's Center. It enables McLean for the first time in its history to treat all age groups — from the very young to the very old. An unusually well-qualified, multidisciplinary team has been hired for the Center to work under the direction of Silvio J. Onesti, M.D., Director of Child Psychiatry. The program at the Center includes inpatient, outpatient, full and partial day care, aftercare, and emergency services. In short, the Center aims to provide the same comprehensive services for children as McLean provides for adolescents and adults.

Alcoholic Unit

It may also be of interest that the hospital's alcoholic unit, Appleton Treatment Center, had its first anniversary during the year. By fiscal year-end it had treated 124 patients and had established a small halfway house on McLean grounds to give patients the post-discharge support which alcohol-dependent persons often need in making the transition back to the community.

Halfway Facilities

McLean now operates three halfway facilities: the Appleton Residential Living Center referred to above; Berkeley House in downtown Boston for persons age 16 or over who work or attend school while receiving psychiatric treatment outside the house; and Waverley House, which opened recently on hospital grounds for younger-age adolescents who, in addition to attending McLean's accredited high school, are actively involved in one of the hospital's treatment programs. The success of Berkeley House, McLean's first halfway facility, and the general need for more residences for special-category people promises to make this a growing area for McLean in the years ahead.

Partial Hospitalization Services

Following an in-depth study of partial and aftercare programs at McLean, they were centralized into a new organization unit called Partial Hospitalization Services. The new unit is an amalgam of new and old programs. For example, it includes the Day Care Center — established in the late 1950's — where patients can come in weekdays for quarter, half, or full days of treatment. It includes night care for persons who occasionally need a sheltered place to stay overnight. And, among other remaining services, it includes new evening and weekend programs. These try to serve individuals who function well weekdays with their daytime responsibilities but have difficulty managing their leisure hours. Centralizing administrative responsibility for these services, we believe, will improve easy entry and exit from one program to another and contribute to greater flexibility in patient treatment.

Research

There were also major new developments in research and training during the year. Perhaps the most exciting and the one with most potential for McLean in the years ahead was an agreement reached between the hospital and Seymour S. Kety, M.D., to embark upon an

intensive research effort to elucidate the biological processes involved in schizophrenia and the other major mental illnesses. Dr. Kety has pointed out that national research effort on these disorders has moved in two directions — one, the clinical approach or observation and study of patients; the other, fundamental research into the function of the brain and nervous system. The research program planned at McLean seeks to bring together a significant number of outstanding representatives of both approaches, to facilitate interaction between them, and to build upon the existing research and clinical strengths of McLean Hospital. The trustees have approved in principle the expansion of McLean's research facilities, including a new Psychobiological Research Center.

During the year research was also initiated in the area of drug abuse. McLean Hospital was fortunate to have Jack M. Mendelson, M.D., and Roger E. Meyer, M.D., join McLean as Director and Associate Director of the Alcohol and Drug Abuse Research Center, respectively.

Teaching and Training

McLean continued its long tradition of preparing individuals for a variety of different professions. It strengthened and continued its basic three-year Psychiatric Residency Training Program which trains physicians to become psychiatrists. Thirty residents were enrolled during the past fiscal year. It continued the two-year Adolescent Training Program which trains psychiatrists to become experts in adolescent psychiatry. This program had three residents enrolled. The Child Psychiatric Training Program, initiated this year, attracted a large group of highly-qualified applicants. By fiscal year-end it had attracted three second-year and six first-year child psychiatric residents. In addition to these programs, McLean trains individuals preparing for careers in medicine, neurology and pediatrics, clinical psychology, social work, nursing, teaching, law, ministry, and many others. Over 200 students train at McLean each year.

This year we moved in a concerted way in another direction; namely, to offer training programs directed to experienced, established professionals working in community settings. The McLean Facility for Continuing Education was established during the year under the direction of Stanley H. Eldred, M.D., to provide adult learning experiences to the total range of people involved in the delivery of mental health services and to those in allied human services who need to develop special skills in mental health. In its first year the Facility conducted two highly successful special conferences. The

National Crisis Intervention Conference, a three-day program, was held in May of 1973 and attracted 171 participants from around the country. A second program, "Strategies of Interaction: The Ecology of Childhood and Adolescence in the Family, School, and Community," was conducted during the summer. This three-week conference had 103 participants enrolled. The latter program was coordinated by Maurice Vanderpol, M.D., director of the McLean School Consultation and Training Program, and relied heavily on the staff and expertise developed in this program over the last several years. The School Consultation and Training Program was established in 1968, and during the past fiscal year psychiatrists, psychologists, and other staff associated with the program worked in actual school settings with teachers, students, and school administrators in 11 different schools in five Massachusetts school systems. Their services vary from observing classroom dynamics to running discussion groups of students, teaching hard-to-manage students, and advising administrators.

Relating to the Community

In many of the year's activities, there has been an underlying commitment to relate the hospital's services better to the general community and its needs. This is evident, perhaps, in such activities as the changes in the Admissions Center, new requirements that psychiatric residents spend more time in community settings, and continuing education efforts directed toward community professionals.

Another key development during the year focused our attention on the outside community. It was the initiation of a consortium of Harvard University services north of the Charles River. John Mack, M.D., of the Cambridge City Hospital, and I have given the development of a collaborative effort by these Harvard-affiliated institutions full support. The goal of the consortium is to work together on a regional basis so as to maximize health delivery services in this geographic area. For example, members of the consortium are investigating possible gaps in services and how they can rely better on institutions which are strongest in certain specialties rather than replicating services. Consortium members have met on a regular basis through the year and are already exchanging teachers. Thus, in addition to the broad implications for improved health delivery systems in the area, there is the other advantage of cross-pollinization of expertise among institutions for the benefit of all.

SHERVERT H. FRAZIER, M.D.
Psychiatrist in Chief

Report of the Administrator

The nonclinical departments have met the challenge of expanding supportive services for present and new clinical and research programs while preparing for the opening of the Children's Center. However, the fiscal constraints of the Economic Stabilization Program, including uncontrollable increases and nonsalary and wage cost, have limited the hospital's ability to provide optimum manpower services in many areas of the hospital, including maintaining and upgrading the physical plant.

During the year $499,327 was spent on capital improvements, including $113,051 on major movable equipment. Of the $386,277 spent on projects, $212,992 represented the dollar value of the work performed by the Plant and Operations Department. Major projects included relocating the employee lounge, modernizing the Upham nurses' station, remodeling Codman House III for 18 inpatient beds, relocating the Building Service Department, remodeling two floors of the Oaks Building (formerly the Men's Residence) for the Children's Center outpatient service, and installing a 300 KVA transformer to provide electrical capacity for the Children's Center, including the Upham House ground floor, West Cottage, and new parking facilities. In addition the Plant and Operations Department remodeled the second floor of the Oaks Building for the Alcohol and Drug Abuse Research Project. With the opening of Codman House III, all 284 authorized hospital beds are available for use, including 11 night-care beds on Appleton II.

As the Report of the Director indicates, as the hospital expands, depreciation funds are grossly inadequate to meet ongoing capital needs to accommodate expanding clinical programs as well as to maintain and upgrade present facilities. Based on the fiscal realities of capital budgeting, resources have to be allocated to meet short-term needs, making it primarily a holding operation until funds become available to completely modernize or replace inpatient facilities and supportive services.

Due to the additional space requirements, the remaining living accommodations on Higginson III and Men's Residence were phased out. Not more than 20 years ago, 250 plus students and employees lived on the hospital grounds.

A number of functions were reassigned to building service, including responsibility for pest and rodent control, furniture and equipment moving and storage, and coordination of interior decor under the

direction of the Architectural Committee and consulting architect. Also, to provide a training program for patients, the coffee shop was transferred to Rehabilitation Services.

Food cost and availability have become a major concern. Many foods considered staple items have become scarce or impossible to obtain. Substitute items have been used so that quality, quantity and variety of food served were maintained at the usual levels but at higher cost. To help cope with the crowded weekday noon conditions in the cafeteria, the interior seating was increased from 180 to 199 and departments requested to stagger lunch hours. The present kitchen equipment is inadequate to meet production schedules and will have to be supplemented with temporary equipment until a new kitchen is built. The decision to expand and modernize dietary facilities will have to be deferred until the necessary funds become available for this work.

Cafeteria food service for patients was expanded to include breakfast, evening, weekend, and holiday meals, except for patients too ill mentally or physically to attend. While this resulted in significant savings in food utilization, these, unfortunately, were offset by higher costs.

Providing sound, effective management services to support the clinical, educational, and research programs of the hospital has become much more difficult to plan and implement. The requirements of regulatory and accrediting agencies proliferate in all areas of hospital operations, both clinical and nonclinical, but the financial constraints placed upon hospitals seriously strain McLean's ability to allocate adequate resources to implement and monitor these regulations and standards.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

Report of Assistant Director for Fiscal Affairs

The past fiscal year saw the beginning of a number of new programs at McLean Hospital, with the preparation for the Children's Center opening on October 1, 1973 being the most significant in terms of financial outlay. With nonrecurring Children's Center start-up costs of $145,000 during fiscal 1973, McLean was able to close the year with a slight deficit of $32,218. If the nonrecurring expenses are omitted, McLean ended the fiscal year with a surplus in excess of $112,100 from current operations. This financial status was achieved during a year in which most hospitals found themselves under great financial strain caused by inflationary and regulatory pressures.

During 1973 McLean experienced significant growth in its revenue, resulting in large measure from increases in the spectrum of clinical services offered by McLean as well as from a more intensive utilization of existing inpatient and outpatient programs.

Total gross operating income increased by 14 percent from a fiscal 1972 level of 10.3 million to a 1973 level of 11.6 million dollars. About 40 percent of the revenue increase resulted from price increases instituted in October 1972 with the remaining increase coming from the greater intensity and scope of clinical services mentioned above. Both inpatient and outpatient programs contributed to the revenue expansion, with significant gains occurring in the inpatient routine revenue which was up 15 percent, the outpatient clinic program where gross revenue increased by 27 percent, and the Day and Night Care Program where revenues went up by 11 percent.

The extent to which these added revenues reflected an expansion in patient services can be seen from the following utilization statistics: average daily census rose from 226 in 1972 to 237 in 1973, and day care center visits progressed from 11,632 in 1972 to 12,358 in 1973.

The sources from which McLean received its revenue continued the trend, evident during the past several years, to third-party payers. In fiscal 1973, 45 percent of the inpatient revenues were received from third-party insurance sources, up from a 40 percent level in 1972 and a 36 percent level in 1971. In addition, an increasing percentage of these payments came from cost reimbursers, such as Medicare and Blue Cross, as opposed to commercial insurance carriers that reimburse on a charge basis. During fiscal 1973, revenue from these cost reimbursement sources increased by 25 percent. Under the cost reim-

bursement regulations, many real costs to a hospital are not fully covered, such as bad debts and free care. As this source of revenue payment continues to grow, increasingly larger allowances will have to be provided for unreimbursable cost elements, with a continuing unfavorable impact on realized revenue.

While the revenue increases achieved during fiscal 1973 were gratifying, one of the highest rates of inflation in the nation's history reflected itself in a 17 percent increase on the expense side of the hospital ledger. Overall salary costs kept pace with the revenue increase, rising by 13 percent. About half of this rise in salary expense was the result of wage increases granted during the year, averaging about 7 percent. The remainder was incurred because of expansion in the hospital personnel complement required to handle the expanded scope of hospital programs and services. Other employee benefit costs, some incurred because of changes in the social security law and others because of increases in employee fringe benefits, contributed further to personnel expenses. Employer social security contributions increased by 32 percent, pension benefits by 31 percent. Such items as food, utilities, and purchased supplies increased by 14 percent.

This unfavorable inflationary climate took place during a year of increasing government regulation in the health field. Economic stabilization requirements were issued which limited hospitals to a 6 percent increase in revenue generated through price changes. These fiscal constraints, coupled with much larger increases in supply, social security, pension, and other fringe costs, most of which were beyond the control of the hospital, created a most difficult operating environment. If these inflationary trends continue, the fiscal break-even goals at McLean will be increasingly difficult to meet during the coming year. The challenge will be to develop more cost-effective modes of treatment and to utilize proven cost-control techniques wherever possible.

ROBERT L. MURPHY, M.B.A.
Assistant Director for Fiscal Affairs

Report of Hospital Population and Statistics

McLean Hospital

Report of Hospital Population and Statistics

McLean Hospital

TABLE I
Admissions to Inpatient Service, 1972-1973
by Previous Hospital Experience, Sex, and Related Other Characteristics

SCHEDULE A:	1st to Any				1st to McLean				Readm. to McLean				Total Admissions			
SOURCE	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
Home	96	91	187	63	77	73	150	53	41	56	97	68	213	220	433	60
General Hospital	21	30	51	17	11	9	20	7	6	6	12	9	38	45	83	12
Psychiatric Hospital	5	7	12	4	36	40	76	27	1	8	9	6	41	54	95	13
Other & Not Determined	27	20	47	16	15	21	36	13	16	8	24	17	57	48	105	15
Total	149	148	297	100	139	143	282	100	64	78	142	100	349	367	716	100
SCHEDULE B: DIAGNOSES																
Psychoses Associated with Organic Brain Syndromes	8	20	28	10	5	3	8	3	1	3	4	3	14	26	40	5
Non-psychotic Organic Brain Syndromes	2	4	6	2	2	2	4	1	0	0	0	0	4	6	10	1
Mental Retardation	0	1	1	1	2	0	2	1	0	0	0	0	2	1	3	1
Schizophrenia	42	30	72	24	61	55	116	41	35	37	72	52	135	121	256	36
Major Affective Disorders	4	3	7	2	7	5	12	4	5	5	10	7	16	13	29	4
Paranoid States	0	3	3	1	0	0	0	0	0	2	2	1	0	5	5	1
Neuroses	15	18	33	11	7	12	19	7	2	5	7	5	24	34	58	8
Personality Disorder & Special Symptoms	65	45	110	37	40	37	77	27	17	19	36	25	122	101	223	31
Transient Situational Disorders	8	17	25	8	10	11	21	8	2	3	5	3	20	31	51	7
Other Psychoses	5	7	12	4	3	16	19	7	1	2	3	2	9	25	34	5
Diagnosis Deferred & Other	0	0	0	0	2	2	4	1	1	2	3	2	3	4	7	1
Total	149	148	297	100	139	143	282	100	64	78	142	100	349	367	716	100
SCHEDULE C: AGES																
12-20	53	41	94	31	49	43	92	32	17	18	35	24	118	102	220	31
21-30	47	30	77	26	39	34	73	26	22	17	39	28	106	80	186	26
31-40	16	17	33	11	17	16	33	12	10	14	24	17	43	46	89	13
41-50	10	12	22	8	12	21	33	12	6	11	17	12	28	44	72	10
51-60	8	14	22	8	8	16	24	8	3	10	13	9	19	40	59	8
61-70	10	13	23	8	7	7	14	5	5	3	8	6	22	23	45	6
71-80	4	15	19	6	5	6	11	4	1	5	6	4	10	26	36	5
80+	1	6	7	2	2	0	2	1	0	0	0	0	3	6	9	1
Total	149	148	297	100	139	143	282	100	64	78	142	100	349	367	716	100

TABLE II

INPATIENT POPULATION 1973

CHARACTERISTICS	Beginning of Year October 1, 1972				Admitted During Year			
TOTAL NUMBER	In Hospital		239					
	On Visit		160					
			399		716			
	Male		45%	179				
	Female		55%	220				
AGES	M	F	T	%	M	F	T	%
12-20	79	55	134	35	118	102	220	31
21-30	55	52	107	28	106	80	186	26
31-40	18	32	50	13	43	46	89	13
41-50	6	25	31	7	28	44	72	10
51-60	8	19	27	6	19	40	59	8
61-70	7	15	22	5	22	23	45	6
71-80	4	17	21	4	10	26	36	5
81+	2	5	7	2	3	6	9	1
Total	179	220	399	100	349	367	716	100
DIAGNOSES								
Psychoses Assoc. with Organic Brain Syn.	3	5	8	2	14	26	40	5
Non-psychotic Organic Brain Syn.	2	10	12	3	4	6	10	1
Mental Retardation	0	0	0	0	2	1	3	1
Schizophrenia	115	114	229	58	135	121	256	36
Major Affective Disorders	6	15	21	5	16	13	29	4
Paranoid States	1	3	4	1	0	5	5	1
Neuroses	4	13	17	4	24	34	58	8
Personality Disorders & Special Symptoms	37	36	73	18	122	101	223	31
Transient Situational Dis.	8	10	18	5	20	31	51	7
Other Psychoses	3	14	17	4	9	25	34	5
Diag. Deferred & Others	0	0	0	0	3	4	7	1
Total	179	220	399	100	349	367	716	100

BY SELECTED CHARACTERISTICS

Discharged During Year				Remaining At End September 30, 1973				Change During Year		
		703		In Hospital		249		+10		
				On Visit		163		+ 3		
						412		+13		
				Male	48%	197				
				Female	52%	215				
M	F	T	%	M	F	T	%	M	F	T
106	95	201	29	91	62	153	38	+12	+ 7	+19
108	83	191	27	53	49	102	25	− 2	− 3	− 5
39	46	85	12	22	32	54	13	+ 4	0	+ 4
31	42	73	10	3	27	30	7	− 3	+ 2	− 1
14	41	55	8	13	18	31	7	+ 5	− 1	+ 4
19	31	50	7	10	7	17	4	+ 3	− 8	− 5
10	26	36	5	4	17	21	5	0	0	0
4	8	12	2	1	3	4	1	− 1	− 2	− 3
331	372	703	100	197	215	412	100	+18	− 5	+13
15	28	43	6	2	3	5	1	− 1	− 2	− 3
4	5	9	1	2	11	13	3	0	+ 1	+ 1
1	0	1	1	1	1	2	1	+ 1	+ 1	+ 2
155	136	291	40	95	99	194	47	−20	−15	−35
8	18	26	4	14	10	24	5	+ 8	− 5	+ 3
1	3	4	1	0	5	5	1	− 1	+ 2	+ 1
18	25	43	6	10	22	32	8	+ 6	+ 9	+15
98	97	195	28	61	40	101	25	+24	+ 4	+28
18	30	48	7	10	11	21	5	+ 2	+ 1	+ 3
11	27	38	5	1	12	13	3	− 2	− 2	− 4
2	3	5	1	1	1	2	1	+ 1	+ 1	+ 2
331	372	703	100	197	215	412	100	+18	− 5	+13

TABLE III
DISCHARGES FROM INPATIENT SERVICE 1972-1973
BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION	Male	Female	Total	% of Total
Home (Parental or Marital)	195	251	446	63
Psychiatric Hospital (or Psych. Wing of General Hospital)	40	35	75	11
General Hospital or Nursing Home	9	25	34	5
School	7	2	9	1
Foster Home	5	4	9	1
Own Apartment	38	24	62	9
Deceased	7	6	13	2
Half-Way House	10	7	17	3
Other	20	18	38	5
Total	331	372	703	100
CONDITION				
Recovered	8	10	18	4
Much Improved	74	91	165	23
Moderately Improved	80	115	195	28
Slightly Improved	66	46	112	16
Unimproved	93	101	194	27
Worse	1	2	3	0
Deceased	7	6	13	2
N.D.	2	1	3	0
Total	331	372	703	100
LENGTH OF HOSPITALIZATION ON BOOKS				
0-10 Days	42	30	72	10
11-30 Days	45	38	83	12
31-90 Days	107	137	244	35
91-180 Days	48	60	108	15
181-365 Days	23	45	68	10
1-2 Years	37	36	73	10
2-5 Years	25	20	45	6
Over 5 Years	4	6	10	2
Total	331	372	703	100
LENGTH OF HOSPITALIZATION IN RESIDENCE				
0-10 Days	47	40	87	12
11-30 Days	65	54	119	17
31-90 Days	116	171	287	41
91-180 Days	31	51	82	12
181-365 Days	24	30	54	8
1-2 Years	33	11	44	6
2-5 Years	13	12	25	3
Over 5 Years	2	3	5	1
Total	331	372	703	100

McLean Hospital
STATEMENT OF DIRECTOR'S EQUITY
September 30, 1973

ASSETS

Cash		41,086.99
A/R McLean Hospital		
Current Month's Billing	821,096.19	
Inhouse Accounts Overdue	1,934,866.37	
Discharged Accounts	1,544,477.34	
Due from Medicare	119,288.84	
Outpatient Clinic	152,835.98	
Sub-Total	4,572,564.72	
A/R Children's Hospital		
Outpatient Clinic	4,367.00	
TOTAL	4,576,931.72	
Less Reserves for Doubtful Accounts	367,032.05	4,209,899.67
A/R (Accounts Receivable) Miscellaneous		194,403.22
Inventories - Materials and Supplies		120,681.99
Prepaid Items		1,262.40
TOTAL ASSETS:		4,567,334.27

LIABILITIES

Accounts Payable	311,569.44	
Federal and State Taxes Payable	94,339.21	
Blue Cross/Blue Shield Premiums Payable	21,768.14	
Deferred Income - Special Funds	156,253.17	
Deferred Income - Other	(10,139.00)	
Reserve for Workmen's Compensation	10,628.99	
Reserve for Unemployment Compensation	7,861.85	
Reserve for Blue Cross Allowance	151,737.00	
Reserve for Life Insurance Employees	15,093.81	
Reserve for Liability Insurance	9,291.66	
Fiduciary Exchange Accounts	(16,435.08)	
TOTAL LIABILITIES		751,969.19

TREASURER'S EQUITY

Treasurer's Equity as of 9/30/72	2,614,790.72	
Add: Cash from Treasurer Y.T.D.	2,750,000.00	
CUMULATIVE DEPRECIATION	360,035.66	
Less: Operating Surplus or (Deficit)	(56,757.13)	
Disbursements Y.T.D. Special Funds	(1,353,376.19)	
Disbursements Y.T.D. Capital Additions	(499,327.98)	
Treasurer's Equity as of September 30, 1973		3,815,365.08
TOTAL LIABILITIES AND TREASURER'S EQUITY		4,567,334.27

THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
OPERATING STATEMENT

(For year ending September 30)

CENSUS	1973	1972
Patient Days	86,559	82,810
Average Daily Census	237	226
Percent of Occupancy	86%	92%
Number of Beds Available	275	275
INCOME		
Room and Care	$ 8,450,448	$ 7,528,213
Day and Night Care	648,167	608,808
Outpatient Clinic	452,502	359,248
Childrens' Center	4,672	—
Other Patient Income	1,297,875	1,253,680
Other Non-Patient Income	776,325	501,103
TOTAL OPERATING INCOME	11,629,989	10,251,052
DEDUCTIONS FROM INCOME		
Free Service-Inpatients	259,145	418,062
Free Service-Day and Night Care	19,926	29,312
Free Service-Outpatient Clinic	238,896	220,780
Medicare Allowance	67,284	68,370
Blue Cross Allowance	130,506	105,385
Courtesy Allowance	2,838	9,034
Provision for Doubtful Accounts	206,584	278,125
TOTAL DEDUCTIONS FROM INCOME	925,179	1,129,068
NET OPERATING INCOME	10,704,810	9,121,984
EXPENSES		
Salaries and Wages (Nursing)	2,835,892	2,595,214
Salaries and Wages (Other)	4,754,704	4,031,717
Total Salaries and Wages	7,590,596	6,626,931
Supplies	891,577	727,084
Outside Services	597,189	438,107
Depreciation	360,036	342,652
Other Expenses	1,302,169	1,022,899
TOTAL EXPENSES	10,761,567	9,157,673
OPERATING SURPLUS OR (DEFICIT)	(56,757)	(35,689)
OTHER INCOME		
Treasurer's Income	80,098	92,533
Less Treasurer's Expense	56,154	42,731
NET TREASURER'S INCOME	23,944	49,802
NET SURPLUS OR (DEFICIT)	$ (32,813)	$ 14,113

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*).
McLean Hospital is indicated by (McL).

The following abbreviations are used:

B.C.H. — Boston City Hospital, 818 Harrison Ave., Boston, Mass. 02118
B.H.H.C. — Bunker Hill Health Center, 73 High Street, Charlestown, Mass. 02129
B.I.H. — Beth Israel Hospital, 330 Brookline Ave., Boston, Mass. 02215
B.H.W. — Boston Hospital for Women, Lying-In Division, 221 Longwood Ave., Boston, Mass. 02115
B.U.H. — Boston University Hospital, 750 Harrison Ave., Boston, Mass. 02118
C.H.M.C. — Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass. 02115
D.S.H. — Danvers State Hospital, 450 Maple Street, Danvers, Mass. 01923
H.M.S. — Harvard Medical School, 25 Shattuck Street, Boston, Mass. 02115
H.S.D.M. — Harvard School of Dental Medicine, 188 Longwood Ave., Boston, Mass. 02115
H.S.P.H. — Harvard School of Public Health, 665 Huntington Ave., Boston, Mass. 02115
L.M.H.C. — Lindemann Mental Health Center, Government Center, Boston, Mass. 02114
L.S.H. — Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass. 02130
McL. — McLean Hospital, 115 Mill Street, Belmont, Mass. 02178
M.E.E.I. — Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass. 02114
M.G.H. — Massachusetts General Hospital, Fruit Street, Boston, Mass. 02114
M.I.T. — Massachusetts Institute of Technology, 77 Massachusetts Ave., Cambridge, Mass. 02139
M.M.H.C. — Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass. 02115
N.E.C.H. — New England Center Hospital, 171 Harrison Ave., Boston, Mass. 02111
N.E.D.H. — New England Deaconess Hospital, 16 Deaconess Rd., Boston, Mass. 02215
P.B.B.H. — Peter Bent Brigham Hospital, 721 Huntington Ave., Brookline, Mass. 02115
R.B.B.H. — Robert Breck Brigham Hospital, 125 Parker Hill Ave., Roxbury, Mass. 02120
R.F. — Retina Foundation, 20 Staniford Street, Boston, Mass. 02114
S.B.I. — Shriners Burns Institute, 41 Blossom Street, Boston, Mass. 02114
V.A.H. (W.R.) — Veterans Administration Hospital, 1400 V.F.W. Parkway, West Roxbury, Mass. 02132

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Colebrook
Ragland, Stuart, Jr.

Collinsville
Griggs, John B.

Danbury
Fornshell, Robert P.
Sweet, Paul L.

Fairfield
Brauner, Gary J.

Farmington
Pike, Maurice M.

Hartford
Bower, Bruce F.
Donovan, James F.
Fairlie, Chester W., Jr.
Fox, Brendan M.
Freymann, John G.
Greene, Gerald S.
Johnson, Paul R.
McPherson, Sidney R.
Moloney, David R.
Seigle, Stewart P.
Stolman, Joseph M.
Sweet, Elliott B.
Thomas, John B.
Wood, Edwin C.

Manchester
Breer, Robert D.

Meriden
Torop, Paul

Milford
Timm, Alexander B., Jr.

Moodus
Berwick, Donald M.

New Britain
Bosco, Harold F.

New Canaan
Hiden, Robert B.

New Haven
Abrahamian, H. Arto
Blodgett, Frederic M.
Cook, Charles D.
Ewell, John W.
Farmer, Douglas A.
Fuldner, Russell V.
Glenn, William L.
Greene, Nicholas M.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Levy, Steven T.
Meigs, J. Wister
Mesaros, Marie A.
Morris, John McL.
Rogers, Orville F.
Schuntermann, Peter P.E.
Smith, Howard W.
Thach, William T., Jr.
Whitford, Warren

New London
Barry, Richard M.
Jones, William N.

Noank
Sutphen, John H.

Norwalk
Mulford, Edwin H. II

Sharon
Gevalt, Frederick C., Jr.

Southport
Harris, H. Patterson, Jr.

Stamford
Healey, James C.
Kraut, Herbert L.

Stratford
Licciardello, Anthony T.

Wallingford
Smith, Robert P.

Washington
Tenney, Benjamin

Waterbury
Harty, John E.

Watertown
Cole, Clarence H.

West Hartford
Coley, Mary S.
Hepburn, Robert H.
Klein, Michael D.
Riege, David H.

West Haven
Boger, William P.

Woodbridge
Stern, Robert

Woodstock
Forbes, Cecile P.

DELAWARE

Wilmington
Beck, Laurence H.
Maroney, John W.

DISTRICT OF COLUMBIA

Black, Peter M.
Breslow, Alexander
Cantor, Frederick K.
Chen, Lincoln C.
Coleman, Roy M.
DePriest, Oscar S.
Edmonds, Henry W.
Greene, Mark H.
Hobson, Lawrence B.
Jessner, Lucie
Kennedy, L. James
Koppel, Elizabeth A.
Luessenhop, Alfred J.
McCune, William S.
Miller, R. Bretney
Newhouse, Jeffrey H.
Nigra, Thomas P.
Perpich, Joseph
Randolph, Judson G.
Raphling, David L.
Ruffin, Marshall deG.
Rutman, Joel
Sabin, Hilbert S.
Tobin, William J.
Watts, James W. II
White, Alan F.
Wood, William E.

FLORIDA

Boca Raton
Saunders, George M.

Clearwater
Chittick, Rupert A.
Logue, Patrick J.

Coral Gables
Keiser, Robert P.
Smith, Robert S.
Webster, Henry de F.
Fort Lauderdale
Simon, Royal L.
Fort Pierce
Waring, Elmar S.
Gainesville
DeBusk, Franklin L.
Kaufman, Herbert E.
Keitt, Alan S.
Lowe, Charles U.
Schiebler, Gerald L.
Wheeler, William F., Jr.
Hollywood
Sewall, Warren
Jacksonville
Davis, James McC.
Jupiter
Smithwick, Reginald H.
Lakeland
Fuller, Henry
Mignone, Robert J.
Lighthouse Point
Stewart, John D.
Miami
Ackerman, A. Bernard
Buckley, David K.
Ehrenkranz, Nathaniel J.
Justi, Raymond A.
Levey, Gerald S.
Sanders, Jay H.
Williams, Willis H.
Miami Beach
Caplan, Lewis
Greenberg, Jack J.
Grossman, Milton S.
Orange Park
Zavisca, Frank G.
Orlando
Broome, Robert A.
Eliscu, Edward H.
Popkin, Michael K.
Thompson, Edgar B. III
Palm Bay
Sycamore, Leslie K.
Pensacola
Holmes, S. Grant
Putnam County
Sheldon, Charles P.
St. Petersburg
Baker, William G., Jr.
Sarasota
Clement, S. Preston, Jr.
Lewis, Allen S.
Vance, Robert G.
Tallahassee
Fort, Frank L.
Tampa
Drewry, Garth R.
Venice
Baxter, Cecil F.
Radcliffe, Ernest J.
Warrington
Graybiel, Ashton
West Palm Beach
Bercu, Barry B.

GEORGIA
Atlanta
Clairborne, T. Sterling
Cobbs, Beverly W., Jr.
Dillon, Harold T., Jr.
Dimon, Joseph H. III
Donnelly, Elwin W.
Ferguson, Ira A., Jr.
Goldberg, Leon I.
Liss, Robert A.
Tuttle, Elbert P., Jr.
Augusta
Haas, Melvyn L.
Brunswick
Ward, Albert J.
Carrollton
Brock, Benjamin L.
Columbus
Vaughan, Robert H.
East Point
Tucker, Robert P.
Gainesville
Banks, Rafe, Jr.
La Grange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Savannah
Brown, F. Bert
Carlton, Frank E.
Sea Island
Wood, James A.
Smyrna
Eaton, S. Boyd

HAWAII
Honolulu
Dodge, Richard S.
Severson, Larry J.
Stewart, Steele F.
Straehley, Clifford J., Jr.
Wong, Livingston M.F.
Yee, Lester P.K.

IDAHO
Boise
Myers, Harvey A.P.

ILLINOIS
Argonne
Brues, Austin M.
Belleville
Maier, Ward R.
Pollack, James A.
Chicago
Braudo, Joseph L.
Brown, R. Gordon
Capps, Richard B.
DeGroot, Leslie J.
Dohrmann, George J.
Drachman, David A.
Freinkel, Ruth K.
Goulian, Mehran
Howe, Henry F.
Kahan, Barry D.
Meyer, Harold I.
Mixter, George, Jr.
Nilges, Richard G.
Oparil, Suzanne
Paul, Oglesby
Pietra, Guiseppe G.
Rabinowitz, Murray
Replogle, Robert L.
Richmond, M. Barrie
Rosenberg, Irwin H.
Shorey, William D.
Soyke, Lester F.
Deerfield
Wesley, John R.
Hinsdale
Hall, Buford
Jacksonville
Norbury, Frank B.
La Grange
Fazioli, Ruth A.
Lake Bluff
Ward, John L.
Lemont
Brues, Austin M.
Rantoul
Westerfield, Larry H.
Springfield
McGann, Robert C.
Urbana
Bloomfield, Daniel K.
Maynard, Guy B., Jr.
Waukegan
Waldeman, Jerome

INDIANA
Anderson
Weiss, Louis L.
Hammond
Peiffer, Geraldine M.
Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Wishard, William N., Jr.
Muncie
Steinbaum, Lola S.
Richmond
Kennedy, Robert P.

IOWA
Cedar Falls
Harden, Lewis B.
Des Moines
Gordon, Arnold M.
Iowa City
Corry, Robert J.
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.
Oskaloosa
Catterson, LeRoy F.
Waterloo
Bickley, Donald W.

KENTUCKY
Ashland
Hutton, John J., Jr.
Lexington
Cantor, Harvey E.
Francis, Lewis
Maruyama, Yosh
Sandifer, Myron G., Jr.
Scott, Thornton
Wheeler, Warren E.
Louisville
Atherton, L. Douglas
Bate, John T.
Harter, John S.
Jackson, Benjamin B.
Towery, Beverly T.

LOUISIANA
Baton Rouge
Hansen, Robert H.
Madey, Stephen L.
Carvillee
Crutcher, William
New Orleans
Kaiser, John S.
Morris, Harry D.
Sullivan, Philip H.
Shreveport
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE
Auburn
Thacker, Henry C.
Augusta
Stinchfield, Alan J.
Bangor
Brown, Lloyd
Brown, Robert H.
Clement, James D., Jr.
Bar Harbor
Gilmore, Edward B.
Bath
Burden, Charles E.
Brewster
Daland, Ernest M.
Brunswick
Macomber, Donald
Cape Elizabeth
Stocks, Joseph F.
Caribou
Collins, H. Douglas
Ellsworth
Suyama, Eji
Friendship
Frost, Harold M.
Chisholm
Gashgai, Abdollah
Kittery
Snyder, Monica H.
Snyder, William H., Jr.
Portland
Bidwell, Robinson LeR. II
Drake, Emerson H.
Hawkes, Richard S.
Hiebert, Clement A.
Leonard, Laurence M.
McDermott, Leo J.
Thompson, Philip P., Jr.
Ware, Roland G., Jr.
Readfield
McPhedran, Alexander M.
Saco
Stevens, Harold W.
Sanford
Ogden, Ralph T.

MARYLAND
Annapolis
Buchanan, Douglas
Shulman, Leonard A.
Baltimore
Currie, Richard A.
Firminger, Harlan I.
Friedman, Stanford B.
Fritz, William F.
Gay, Leslie N.
Heller, Richard M.
Hollander, Joshua
Howards, John E.
Imembo, Anthony L.
Isaacs, James P.
James, A. Everette, Jr.
Johnson, Richard T.
King, W. Bradley, Jr.
Littlefield, John W.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Oh, Kook S.
Phillips, Frederic J.
Rothbaum, Donald A.
Ryan, James J.
Talalay, Paul
Von Kessler, Kirby L.C.
Walser, Mackenzie
Weisfeldt, Myron L.
Williams, G. Melville
Zuidema, George D.
Bethesda
Atkinson, John P.
Ausiello, Dennis A.
Becker, Karl E., Jr.
Bilheimer, David W.
Borer, Jeffrey S.
Brewer, H. Bryan, Jr.
Broadus, Arthur E.
Brown, Crawford S.
Brown, Michael S.
Burke, Robert E.
Cahan, Leslie D.
Canellos, George P.
Chase, Thomas N.
Cohen, Philip
Cole, Enser W. III
Collins, Robert C.
Crystal, Ronald G.
Curd, John G.
Dale, David C.
Deuel, Thomas F.
Edelson, Richard L.
Epstein, Michael F.
Gimbrone, Michael A., Jr.
Glass, Andrew C.
Gotto, Antonio M., Jr.
Grave, Gilman D.

Graze, Peter R.
Guss, Stephen B.
Harmel, Richard P., Jr.
Helms, Charles
Herberman, Ronald B.
Herzberg, Joseph H.
Hodgs, Richard J.
Hoover, Herbert C., Jr.
Howell, Stephen B.
Howley, Peter M.
Khoury, George
Kirshner, Howard S.
Kronenberg, Gretchen B.
Kronenberg, Henry M.
Kumpe, David A.
Langer, Terry
Laster, Leonard
Levis, William K.
Levy, Ronald
Marx, Stephen J.
Meltzer, Monte S.
Miller, Walter L.
Minna, John D.
Mudd, S. Harvey
Oster, Martin W.
Pollard, Thomas D.
Popper, Charles W.
Post, Robert M.
Rogentine, George N., Jr.
Root, Richard K.
Rose, Morton H.
Sachs, David H.
Sarnoff, Stanley J.
Schulman, Joseph D.
Scolnick, Edward M.
Simpson, Paul C., Jr.
Smith, R. Graham
Spiegel, Allen M.
Strauss, John S.
Torch, William C.
Waldmann, Thomas A.
Webster, Henry deF.
Weiss, Ira W.
Wolff, Jan
Wynne, Lyman C.
Young, Neal S.

Chevy Chase
Gray, Sheila H.
McFarlane, Anne D.
Monchik, Jack M.
Scardino, Peter T.
Varney, Hewitt I.

Columbia
Borrell, Leo J.
Mrazek, Nancy J.

Easton
Gieske, Judith P.
Harper, David T., Jr.

Kensington
Cohen, Alfred M.

Owings Mills
Greene, D. Crosby, Jr.

Rockville
Cohen, Max H.
Fisher, Richard I.
Klaeveman, Hayden L.
Kobayashi, Ronald M.
McGuffin, William L., Jr.
O'Machi, Rodney S.
Sheagren, John N.

Silver Spring
Char, Devron
Lell, William A.
Levine, Robert A.
Mirkin, Gabriel B.
Waldmann, Katharine S.

Towson
Adams, John E.

MASSACHUSETTS

Acton
Boardman, Donnell W.

Agawam
Kopriva, Charles J.

Andover
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walther T.

Arlington
Burbank, Charles B.
Griffith, David D.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.
Schwartz, Howard S.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
LeVine, Herbert O.

Bedford
Clifford, M. Henry

Belmont
Ablon, Steven L.
Adams, Theodore C., Jr.
Agular, Steve G.
Albeck, Joseph H.
Allen, Donald M.
Altman, Jack L.
Altschule, Mark D.
Arkema, Paul H.
Aronoff, Gerald M.
Asnes, Daniel P.
Babor, Thomas F.
Bendt, Richard H.
Berger, Howard S.
Berman, Jane M.
Blau, David
Bobruff, Martha R.
Bonier, Richard J.
Bornstein, Irving D.
Brandt, John H.
Brooks, Robert B.
Budson, Richard D.
Busiek, Robert D.
Buttenwieser, Paul A.
Cain, Arthur J.
Caldwell, Enid
Campbell, Corbett
Chan, David S.
Chipman, Abram
Chrisman, Allan K.
Cion, Maurice C.
Cohen, Alan
Collins, Mary H.
Coplon, Frederic J.
Craven, M. Scott
Crone, Neil L.
Davidson, Edwin M.
Dawes, Lydia
de Marneffe, Francis L.A.
Dempsey, Kathleen
Dinsmore, Paul R.
Donalds, Howard B.
Edelman, Stuart E.
Ehrlich, Frederick
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Ellingboe, James
Feingold, Albert H.
Felthous, Alan R.
Fern, Donald J.
Fineman, Jo Anne
Fischberg, Bruce W.
Folch-Pi, Jordi
Frazier, Shervert H.
Freeman, Elsie J.
Friedman, Matthew R.
Gerson, Stephen N.
Goldman, Ruth
Goldwasser, Rhoda B.
Gonzales, Francisco (Sastre)
Greenberg, Ramon M.
Hammon, C. Donald
Hardt, Martha E.

Hauser, George P.
Hawthorne, William B.
Heisel, John S.
Henderson, Frederic L.
Hermann, Howard T.
Holzman, Todd F.
Hopps, Christoper R.
Howard, Paul M.
Howland, John
Hudson, Carlos
Humenansky, Diane B.
Hurston, Ronald O.
Ingle, David J.
Jacobs, Gretchen H.
Jakab, Irene
James, William S.
Johnson, Burt
Jordan, Judith V.
Kagan, Jerome
Kahn, Alvin
Kahne, Merton J.
Katz, Alan S.
Kaufman, Irving
Kay, Monte S.
Kazanjian, Varaztad H.
Kelleher, Philip
Keller-Teschke, Marita M.
Kenney, Helen J.
Kershaw, Beatrice R.
Kerzner, Arnold M.
Klein, Rona B.
Kolb, Jonathan E.
Kopolow, Louis E.
Kuehnle, John C.
Kulka, J. Peter
Kvaraceus, William C.
Lees, Marjorie B.
Levy, Michael Z.
Linscheer, Willem
Lipsitt, Don R.
Mahar, Brandan A.
Mahnke, Mark W.
Marks-Brown, Shirley F.
Mathews, J. Wayne
McLean, Paul E.
McNamee, H. Brian
Mendelson, Jack H.
Menzin, Aaron W.
Mercer, Zonda J.
Meyer, Roger E.
Middleton, Charles R.
Miller, Martin
Miller, Martin A.
Mintz, Norbett L.
Mintz, Sophie B.
Mirel, Emanuel
Mirin, Steven M.
Nahor, Amos
Needleman, Wanda S.
Neiberg, Norman A.
Notman, Malkah T.
Onesti, Silvio J.
Ottenstein, Donald
Ouellette, Eileen M.
Patterson, Robert D.
Pearce, John K., Jr.
Pearlman, Chester A., Jr.
Pearlman, Michael
Penn, Harry
Perry, Jalna Ann
Pope, Alfred
Potter, Lloyd G.
Powers, Stephen L.
Ratner, Joseph S.
Reich, Peter
Reinhardt, Scott A.
Ricci, Russell J.
Robbins, Michael D.
Robinson, Phelps M.
Rosenblatt, Bernard P.
Rosman, Norman P.
Rossi, A. Michael
Rothenberg, Stephen J.
Ryback, Ralph S.
Sahura, David
Saltzman, Peter R.
Salzman, Carl
Sampson, Patsy H.
Santostefano, Sebastoamp
Schnitzer, Robert D.
Schwartz, Charles A.
Schwartzreich, Edward S.
Semon, Ralph G.
Sens, Richard
Settel, Kenneth M.
Shapiro, Faye
Shashousa, Victor E.
Shein, Harvey M.
Sheinis, Arnold
Sherman, Gwendolyn M.
Sherry, S. Norman
Shields, Walker E.
Simon, Franklin S.
Siner, Elinor M.
Singer, Judith
Sleeper, Edward L.
Spillane, John B.
Stanton, Alfred H.
Stauffer, Ruth E.
Stiver, Irene P.
Stock, Malvina
Stocking, Myron R.
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Stone, Lawrence A.
Strang, Jonathan P.
Strasburger, Larry H.
Sugarman, Barry
Swearingen, Charles W.
Tartakoff, Helen
Tufo, Robert P.
Ungerer, Roland H.
Valenstein, Arthur F.
Vannicelli, Marsha
Wallis, W. Merle
Walter, Mark M., Jr.
Washburn, Stephen L.
Wasser, Lawrence F.
Weinstock, Robert
Wolff, Anna K.
Yanof, Judith
Yudowitz, Bernard S.
Zaidenberg, Marta H.

Beverly

Alt, Richard E.
Bacon, William B.
Caudill, Estill L.
Fienberg, Robert
Hewson, James S.
Lamkins, Burham E.
MacDonald, Alexander S., J
Otto, William J., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Shea, Thomas E.
Sneddon, Ernest A.
Todd, Barnard P.

Boston

Aaron, Roy K.
Abbott, John A.
Abbott, William M.
Abel, Ronald M.
Aber, Robert C.
Abernethy, Robert S.
Abraham, Henry D.
Abrahm, Janet Lee
Abramowitz, Harold
Ackerman, Robert H.
Ackerstein, Harold
Adams, F. Dennette
Adams, John, Jr.
Adams, Patricia C.
Adams, Raymond D.
Adler, Robert A.
Ahluwalia, Bhagwat D.

Aikawa, Naoki
Aisenberg, Alan C.
Akins, Cary M.
Albert, Thomas W.
Albright, Nile L.
Ali, Hassan H.
Allen, Henry F.
Alonso, Anne W.
Alper, Joseph C.
Alpert, M. Elliot
Alpert, Nathaniel M.
Al-shaikhly, A. Karim
Altemus, L. Reed
Althausen, Alex F.
Alton, William J.
Ames, Adelbert III
Anderson, Jeffrey L.
Anderson, William H.
Andrew, Norman W.
Antonio, Robert P.
Antoon, Alia Y.
Aprille, June R.
Apter, Roy J.
Arbuckle, Robert H.
Arees, Edward A.
Arenson, Ronald L.
Arnason, Barry G. W.
Arndt, Kenneth A.
Aronow, Saul
Asbury, Robert F.
Aserkoff, Bernard R.
Astrom, Karl E.
Athanasoulis, Christos A.
Atkins, Leonard
Attia, Rafik Rizk
Aufranc, Otto E.
Aufranc, St. George T.
Austen, K. Frank
Austen, W. Gerald
Autor, Sherry B.
Avruch, Joseph
Axelrod, Lloyd
Baden, Howard P.
Badger, Theodore L.
Bagdasarian, Andranik
Baillieul, John B.
Baker, Ann L.S.
Baker, George P.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baldessarini, Ross J.
Ballantine, H. Thomas, Jr.
Ballenger, James C.
Banks, Henry H.
Barbanell, Ronald L.
Barker, Robert H.
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin A.
Barnett, G. Octo
Barr, Joseph S., Jr.
Barrett, James E.
Barry, Herbert, Jr.
Barsh, Laurence I.
Barsky, Arthur J.
Battit, George E.
Bauer, Reginald A.
Baum, Stanley
Bauman, Margaret L.
Bauman, Roger A.
Beal, Mark C.
Beall, Andrea W.
Bean, S. Sidney Charles
Bear, David M.
Beardsley, William H.
Beauwens, Renaud
Beck, Clyde H., Jr.
Beck, William S.
Becker, Daniel I.
Beckman, Barbara G.
Beckman, Edwin
Beecher, Henry K.
Behringer, Glenn E.
Beiser, Morton
Beitins, Inese Z.
Bell, Graham S.
Beller, George A.
Bellhouse, Brian J.
Belsey, Richard E.
Bennett, Lorna J.
Bennion, Lynn J.
Benz, Ronald R.
Bercovitch, Lionel G.
Berenberg, William
Berg, Gerald R.
Berkowitz, Ivor D.
Bernstein, Norman R.
Berzofsky, Jay A.
Biebuyck, Julien F.
Bierbaum, Benjamin E.
Bigos, Stanley T.
Bird, Kenneth T.
Birnholz, Jason C.
Biswas, Chitra
Blachman, Paul S.
Black, Edward B.
Black, Paul H.
Blacker, Edward
Bland, Edward F.
Bland, John H.L.
Blank, Irvin H.
Bloch, Antoine
Bloch, Kurt J.
Block, Peter C.
Bloom, Edward R.
Bloomberg, Wilfred
Blumer, Dietrich P.
Bode, Hans H.
Bondoc, Conrado C.
Boos, Winifred
Borden, Spencer IV
Borel, Yves
Borlandoe, Beverly C.
Borotsky, Gerald L.
Borus, Jonathan F.
Botstein, Paula M.
Boudreau, Francis H.
Bough, Edward W.
Bouhours, Jean F.
Bowie, Jack E.
Boyd, Robert E. III
Boyd, Robert J.
Boyer, Arthur L.
Bradley, Richard D.
Brand, Jeffrey B.
Bredin, Hugh C.
Brem, Steven
Brendler, Samuel J.
Brendze, Robert B.
Bressman, Beth M.
Brewster, David C.
Bridges, Charles P.
Brier, Arnold M.
Briggs, Burton A.
Brode, Marvin M.
Brodie, Bruce R.
Brooks, Benjamin R.
Broudy, Arnold S.
Brown, Thornton
Browne, Thomas R.
Brownell, Gordon L.
Bruner, John M.R.
Bruns, Romaine R.
Bryant, Charles M.
Buchwald, Irwin A.
Buckley, Clifford J.
Buckley, Mortimer J.
Bunnell, James B.
Bunting, Douglas III
Burdick, James F.
Burke, Arthur D.
Burke, John F.
Burnham, Charles A.

Burrage, Walter S.
Burstein, Nelson A.
Burton, James A.
Bushnell, Leonard S.
Buth, Jacob
Byers, Randolph K.
Cable, William J.
Cabral, Esperanza
Cade, Jerry D.
Cahan, Lucienne A.
Cameron, Fergus M.
Caner, G. Colket
Cannon, Bradford
Cannon, Lovick E.
Canty, Timothy G.
Caplan, Charles H.
Caplan, Gerald
Caplan, Louis R.
Carabello, Blase A.
Carey, Robert W.
Carl, Charles W.
Carlson, Charles E.
Carnes, Harold A.
Carter, Edward A.
Carter, Edwin L.
Caviness, Verne S., Jr.
Chaglassian, John H.
Chaharyn, Joanne C.
Chandler, Hugh P.
Chang, Hark C.
Chang, Sidney E.
Chapin, David S.
Chapman, Earle M.
Chapman, Paul H.
Chayet, Neil L.
Chedekel, David S.
Cheeseman, Sarah H.
Chelmicka-Kizlich, Ewa E.
Cheng, Vincent S.
Chesler, David A.
Chesney, Carolyn
Chesney, Thomas M.
Chess, Leonard
Chiang, Han Twu
Chiotellis, Philip N.
Chiu, Arthur O.S.
Choi, Chan H.
Choma, Leo
Chou, Iih-Nan
Chu, Ann Maria
Church, Warren W.
Churchill, W. Hallowell, Jr.
Clark, John L.
Clark, Mary B.
Clark, Peter D.
Clark, Robert J.
Clement, Philip B.
Clifford, Stewart H.
Cloherty, John P.
Clopath, Peter
Clouse, Melvin E.
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohen, Alfred M.
Cohen, Benjamin E.
Cohen, Carla B.
Cohen, George L.
Cohen, Jonathan
Cohen, Mandel E.
Cohen, Raquel E.
Cohen, Richard B.
Cohen, Roberta B.
Cole, Edwin M.
Coleman, David L.
Conn, Melvin L.
Conners, C. Keith
Constable, John D.
Cook, Idella K.
Coons, Albert H.
Cooper, Jeffrey B.
Cooperman, Sheldon
Cope, Oliver
Copen, David L.
Corbett, John C.
Corkery, Joseph C.
Corley, Marcos L.
Corning, Howard B.
Correia, John A.
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Curfman, Gregory D.
Curren, Franklin C.
Currens, James H.
Curwen, William L.
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Danon, Marco
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Davidoff, Frank F.
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Fischer, Edwin G.
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Levene, Martin B.
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Long, John A.
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Lott, Ira T.
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Mamen, Anitra E.
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Mannik, John A.
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Mansky, Peter A.
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McLean, John D.
McNeely, William F.
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Miller, Keith W.
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Schmidek, Henry H.H.
Schneider, Robert C.
Schnur, James A.
Scholl, Mary Louise
Schoolnik, Gary K.
Schott, Chester F.
Schulz, Milford D.
Schuster, Samuel R.
Schwartz, Dennis E.
Schwartz, Gary E.
Schwartz, Harry C.
Schwartz, Joseph E.
Schwarzmann, Gunter
Scott, Jesse F.
Scott, Mary D.
Scott, R. Michael
Scott, Richard D.
Scott, William R.
Scruggs, Karen L.
Scully, Robert E.
Seaman, William E.
Sears, John B.
Sedlack, Robert S.
Seebacher, Jurgen
Segre, Gino V.
Seldin, Edward B.
Seligson, David
Selinger, Samuel L.
Selwyn, Adrian S.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Serge, Jessica M.
Sewell, Jack B.
Shaban, Mohammed Abd.
Shah, Narendra C.
Shahani, Bhagwan T.
Shahian, David M.
Shannon, Daniel C.
Shapiro, Samuel
Shapiro, Stuart H.
Sharp, Geoffrey W.G.
Shaw, Katherine A.
Shay, Jonathan
Shea, Cornelius
Sheehan, David V.
Sheffer, Albert L.
Sheinfeld, Maxim
Shershaw, John C.
Shields, Lawrence T.
Shih, Vivian
Shipley, William U.
Shklar, Gerald
Shoaps, Keith B.
Shore, Neil S.
Short, Charles L.
Shortsleeve, Michael J.
Shubrooks, Samuel J., Jr.
Sifneos, Peter E.
Sigelman, David R.
Silver, Barry C.
Silver, Donald M.
Silverstein, Peter R.
Sinclair, Stephen H.
Simmons, David P.
Simon, Harvey B.
Simon, Sheldon
Sinesi, Sabino J.
Siroth, Ronald L.
Sisson, John H.
Sites, Vincent R.
Skinner, James C.
Skinner, Mary D.
Skoblar, Richard S.
Skoskiewicz, Marek J.
Slater, Eve E.
Sledge, Clement B.
Sloane, Robert E.
Slovik, David M.
Slovik, Lois S.
Smead, William L.
Smedley, Lois M.
Smith, Daniel H.
Smith, Gene M.
Smith, Gerald N., Jr.
Smith, James C.
Smith, Richard J.
Smith, Richard M.
Smith, Thomas W.
Smith, Willie R.
Snider, Michael T.
Snodgrass, Samuel R.
Snow, Robert T.
Snyder, John C.
Sober, Arthur J.
Sohier, W. Davies, Jr.
Sokol, Gerald H.
Solis, Oscar J.
Solomon, Earl G.
Sosman, John L.
Souder, Daniel E.
Spangler, Arthur S.
Spellman, John W.
Sperber, Michael A.
Squires, Homer J.
Stadecker, Miguel J.
Stead, Nancy W.
Steeves, Philip E.
Steinberg, Gerald G.
Steinberg, Robert S.
Steiner, Robert W.
Stephenson, Mary L.
Sterling-Smith, Robert S.
Stern, Robert S.
Stetson, Richard P.
Stevens, Janice R.
Stevens, Willie L.
Stewart, Rege S.
Stewart, Robert M.
Stewart, William
Stifler, Richard B.
Stillner, Verner
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Stone, Jeffrey D.
Stone, Lawrence B.
Stossel, Thomas P.
Strieder, Denise J.
Strole, William E., Jr.

Studney, Donald R.
Stulberg, S. David
Sturgis, Somers H.
Subramian, Alapuzha R.
Sugarbaker, Everett V.
Sugihara, Jared G.
Suit, Herman D.
Sujatanond, Manit
Sullivan, Francis J.
Sullivan, Philip R.
Sundaram, Pennarthur
Svensson, Thomas S.
Swann, David A.
Schwartz, Morton N.
Sweet, William H.
Swett, Richard B.
Symonds, Daniel A.
Szabo, George
Szczudlowski, Krzysztof
Szyfelbein, Stanislaw
Szyfelbein, Wanda M.
Taft, Edgar B.
Taft, Priscilla D.
Takacs, Frank A.
Talamo, Richard C.
Talbot, Nathan B.
Tam, John A.L.S.
Tannenbaum, Lewis
Tarlov, Edward
Tasini, Miriam F.
Tasto, James P.
Tavcar, Danilo
Taveras, Juan M.
Taylor, Joseph H.
Tenpas, John H.
Tepper, Joel E.
Thebaut, Ben R., Jr.
Thibault, George E.
Thomas, Robert J.S.
Thomas, Stephen J.
Thomson, Dick A.
Thorpe, William P.
Thrasher, Elliott L.
Thrift, Mary C.
Thurer, Robert L.
Tilley, Robert F.
Timberlake, William H.
Todd, Donald P.
Todres, Israel D.
Toffolon, Edward P.
Tofield, Joshua J.
Tolman, E. Laurie
Tolman, Maurice M.
Tolpin, Eugene I.
Tomchik, Frederick S.
Tomford, William W.
Tompkins, Randolph E.
Toole, Bryan P.
Torsvik, Harald
Touchette, Paul E.
Tractenberg, Howard A.
Traig, Alain L.
Tregear, Geoffrey W.
Trelstad, Robert L.
Trevett, Laurence D.
Trowbridge, Frederick L.
Truman, John T.
Tucker, Walter I.
Twarog, Franics J.
Ulfelder, Howard
Ulman, Kathleen H.
Umlas, Joel
Valle, Alice W.
Valle, Calixtoc
Vasu, Mihnea A.
Veits, Harold R.
Vicery, Austin L., Jr.
Villanueva, Jose S.
Vitale, Salvatore F.
Vogel, Albert V.
Vrba, Rudolph
Walker, Evelyne
Walker, Peter F.
Walker, William A.
Wall, Michael A.
Waller, John L.
Walsh, John W.
Walter, Thomas K.
Waltin, Jerieta
Waltman, Arthur C.
Walton, Kenneth G.
Walz, Bruce J.
Walzer, Sarita G.
Wands, Jack R.
Wang, Chiu-an
Wang, Chiu-chen
Ward, Harold W., Jr.
Ward, Jonathan B.
Warren, Christopher D.
Warren, Richard
Warshaw, Andrew L.
Wasserman, Linda
Watson, Barbara K.
Watts, Hugh G.
Waud, Barbara E.
Waxman, Bruce A.
Webb, Susanne S.
Weber, Alfred L.
Webster, Edward W.
Wechsler, James S.
Weese, William C.
Weinberg, Robert M.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weinger, Jesse M.
Weinstein, Howard J.
Weinstein, Louis
Weinstein, Mark E.
Weintraub, Harold P.
Weintraub, Ronald M.
Weir, Gordon C.
Weiser, Milton M.
Weisman, Avery D.
Weiss, Alfred D.
Weiss, Charles
Weiss, Mark A.
Weith, Herbert L.
Welch, Charles A.
Welch, Claude E.
Welch, John B.
Welch, John P.
Wells, Lillian E.
Wells, Lionelle D.
Wells, Roe
Wellum, Glyn R.
Wepsic, James G.
Wesdorp, Robert I.
Westfall, Michael P.
Wexler, Laura F.
Wheeler, Edwin O.
Wheeler, James H.
Weelock, Frank C., Jr.
Whelchel, John D.
Whiffen, John R.
White, James C.
Whiting, Richard G.
Wiesman, Harold J., Jr.
Wilkins, Earle W., Jr.
Willard, Ralph H. III
Williams, Conger
Williams, Harold W., Jr.
Williams, Vernon P.
Wilson, Norman E.
Wilson, Roger S.
Winickoff, Richard N.
Winkler, Gerald F.
Winn, Henry J.
Wirthlin, LeRoy S.
Wiske, Martha S.
Wittenberg, Jack
Witters, Lee A.
Wolpow, Edward R.
Woo, Sybil Wong
Wood, Lawrence C.
Wood, William C.

Woodruff, Lorande M.
Worden, J. William
Wray, Shirley H.
Wrenn, Simeon M.
Wyman, Edwin T., Jr.
Yett, Harris S.
Yip, Larry
Yoder, Isabel C.S.
Young, D. Michael
Young, Hugh H. II
Young, Robert R.
Yurchak, Peter M.
Zach, Michael B.
Zaiden, James R.
Zalewski, Kristen J.
Zamecnik, Paul C.
Zapol, Warren M.
Zarsky, Edward L.
Zervas, Nicholas T.
Zieper, Irving
Zigelbaum, Sheldon
Zimbler, Seymour
Zimin, Robert J.
Zir, Leonard M.
Zitin, Barry R.
Zitin, Melinda K.
Zuckerman, James E.
Zuckerman, Pamela
Zuger, James H.
Zusman, Randall M.

Braintree

Boerstling, Herbert

Bridgewater

Barrows, Lawrence J.

Brighton

Broderick, Thomas F., Jr.
Flynn, Robert E.
Kelley, Charles G.
O'Brien, Richard G.

Brockton

Baker, Edward P., Jr.
Chase, John S.
Courey, W. Robert
Duncombe, Alfred L.
Mixter, Charles G., Jr.
Nebesar, Robert A.
Polansky, Burton J.
Williams, Robert C.

Brookline

Agus, Saul G.
Backman, John H.
Barton, Theodore C.
Berger, Samuel M.
Bernstein, Stephen B.
Bernstein, Jerrold G.
Beuscher, William F.
Bogoch, Samuel
Brownsberger, Carl N.
Burgin, Leo B.
Chalpin, George
Chute, Richard
Cline, Herbert S.
Cohen, M. Michael
Davies, John A.V.
Doonan, James M.
Faxon, Henry H.
Goldthwait, Joel C.
Hall, Francis C.
Helman, Milton E.
Holland, Daniel J., Jr.
Kahana, Edna M.
Kris, Kathryn B.
Levin, Sidney
Linton, Robert R.
Lion, John R.
Marcus, Saul M.
Martin, Albert R.
Mittel, Neuman S.
Mushatt, Cecil
Nickman, Steven L.
Peters, John H.
Potter, Maxwell G.
Salomon, Lucy
Salveson, Lawrence C.
Schatzki, Richard
Sidman, Richard L.
Siegel, Alexander W.
Silverman, Samuel
Simmons, Barry P.
Thomas, William H.
Villee, Dorothy B.
Waitzkin, Evelyn D.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Zaudy, Eleanore C.

Burlington

Barrett, John P., Jr.

Cambridge

Ackroyd, Frederick W.
Aeschliman, Barbara L.
Apstein, Carl S.
Balch, Franklin G., Jr.
Bales, Robert F.
Bandler, Bernard
Barnhouse, Ruth T.
Beierholm, Edward A.
Benda, Clemens E.
Binger, Carl A.L.
Bock, Arlie V.
Brant, Rene S.
Brazelton, T. Berry
Brenner, Joseph H.
Briefer, Caesar, Jr.
Cannon, Helen C.
Carter, Franklin
Carter, George H.
Chiappa, Keith H.
Coles, Martin R.
Coolidge, John C.
Counter, Samuel A.
Damon, Albert
Decker, Briant L.
Deutsch, Helene
Dreier, Theodore, Jr.
Eisenberg, Carola B.
Engel, Lewis L.
Everett, Henry C. III
Feinhandler, Sherwin J.
Frank, Thomas
Gardner, Johanna
Gill, Peter Lawrence
Gordon, John E.
Grunebaum, Henry U.
Harley, Barbara M.
Hass, Gerald
Hubbard, Eliot, Jr.
Ise, Carolyn
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Keefer, Constance H.
Koumans, Alfred J.R.
Lees, Robert S.
Leff, Robert
Leibel, Rudolph L.
Levey, Bernard
Linnell, Zenos M.
Mann, Robert W.
Manson, James G.
Matz, Myron H.
McFarland, James C.
Merrill, Edward W.
Mogielnicki, Robert P.
Moore, Gordon T.
Moses, John M.
Myers, Gordon S.
Osler, David C.
Paul, Igor L.
Pechet, Maurice M.
Pierce, Chester M.
Point, W. Warren
Porter, Philip J.
Postel, Sholem
Rawdon, William K.
Rectanus, Daniel R.

Reid, Elizabeth A.
Reinhold, Vernon N.
Richie, Robert H., Jr.
Ross, Ralph A.
Shelton, William R.
Soter, Nicholas A.
Stambler, Morris
Stanbury, John B.
Stone, Alan A.
Tingey, William H., Jr.
Toll, Karel van Syckel
Varma, Surendra K.
Wallace, James W.
Weinberg, Arnold N.
Weinberger, Jerome L.
Wohl, Martin J.
Woods, Bryan T.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zinberg, Norman E.
Zwerdling, Robert G.

Charlestown
Allukian, Myron, Jr.
Bentley, Donald
Burns, Barbara J.
Connelly, John P.
Dyer, Edward C.
Feldbau, Elliot V.
Frank, Robert A.
Frankel, Jerold M.
Godley, Anne F.
Guthrie, Andrew D., Jr.
Havas, Stephen W.
Leet, Robert K.
Regier, Darrel A.
Sachs, Benjamin
St. Onge, Stephen E.
Simmons, Alvin
Sweet, Roger H.
Wang, Chi Shiang

Chelsea
Cipolloni, Patsy B.
Icasas-Cabral, E.A.

Chestnut Hill
Benedict, Edward B.
Benedict, Patricia H.
Daniels, Edward M.
Hodgson, John S.
Hoeffel, Gerald N.
Homans, John Jr.
Knowles, John H.
Lewis, Richard B.
Livingstone, John B.
Simon, Harold
Thorndike, Augustus
Wermer, Olga S.

Cohasset
Sceery, Robert T.

Concord
Austin, Richard C.
Barrie, Joseph R.
Cantu, Robert C.
Ginandes, Shepard C.
Hadley, Terry P.
Hallenbeck, Dorr F., Jr.
Hopkins, Robert P.
Keuper, Charles S.
Norton, Paul L.
Rudnick, Jeffrey P.
Soutter, Lamar
Strickler, William L.
Toomey, Edward G.
Whitfield, Thomas J., III

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Hagopian, Peter B.
Jones, Wallace A.
Nam, Sang Kyu
Padilla, Edna P.
Patton, Anthony S.
Stachiewicz, Danuta M.
Tejwani, Nehchal V.
Thornton, Clarence E.

Dedham
Bartlett, Marshall K.
Osborne, Robert K.
Putnam, Henry M.
Sweetnam, George H.

Deerfield
Lynch, Phillip I.

Dorchester
Dempsey, Peter A.

Dover
Clowes, George H.A., Jr.
Santoro, Benjamin T.

Duxbury
Clark, Richard J.
Fowler, Dwight M.

East Boston
Minichiello, William E.
Trucco, Marcelo B.

Edgartown
Mazer, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Miller, Abbott R.
Spencer, Jack

Falmouth
Christman, George
Palmer, Michael S.
Sowles, Horace K.

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Carroll, Brian C.
Denton, Jane E.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Leeman, Cavin P.
Senghas, Richard E.

Gardner
McPeak, Clarence N.
Wolterbeek, Jacob C.

Gloucester
Kline, Robert M.
Morse, Frank P.
Rosenberg, Bruce M.

Great Barrington
Whitfield, Thomas J.

Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Harding
Chattha, Amrik S.

Harwich
Long, Michael C.

Hathorne
Conboy, Edward A.

Hingham
Eldredge, LeRoy L., Jr.

Holbrook
Gracia, Robert M.

Holyoke
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.

Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
Mathewson, Herbert O.
O'Malley, Austin F.

Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.
Jamaica Plain
Dwight, Richard W.
Edsall, Geoffrey
Graham, John R.
Greenleaf, David T.
Luongo, Michael A.
Solomon, Harry C.
Tracy, David M.
Lawrence
O'Shea, James A.
Leominster
Wheeler, Charles A.
Lexington
Bellinger, Martin J.
Friedman, Leonard J.
Haendel, Frank
Joseph, Alfred T.
Petersen, James A.
Wacks, Jerry
Weiss, Ruth S.
Lincoln
Keevil, Charles S., Jr.
Kubik, Charles S.
Murphy, Ruth
Lincoln Center
Hardy, Harriet L.
Linwood
Hutchison, David
Longmeadow
Hopkins, Frederick S.
Lewis, James
Plotkin, Leonard H.
Rich, J. Gordon
Lowell
Letsou, Vasilios G.
Murphy, Michael D.
Parsons, Edward F.
Lynn
Connolly, Thomas F.
Sarris, Spiros P.
Slater, Eliot M.
Lynnfield
Newhall, Harvey F.
Malden
Bennett, Warren
Garrey, Walter E.
Manchester
Fremont-Smith, Maurice
Marblehead
d'Elseaux, Frank C.
Hopkins, Stanford W.
Kimball, Peter G.
Winer, Richard A.
Mattapoisett
Empson, Dora R.
Medfield Junction
Cserr, Robert
Medford
Bennett, Doris R.
Melrose
Glines, George A.
Goldman, Maury A.
Hormell, Robert S.
McCormack, Geraldine A.
Osgood, Herman A.
Menemsha
Reisinger, Keith S.
Milton
DeLorme, Thomas L.
Driscoll, Robert A.
Gregg, Ward I.
McGrath, Edward F.
Suby, Howard I.
Sullivan, Eugene R.
Surman, Owen S.
Toch, Rudolf
Van Dyke, Wilhelmina
Natick
Hanelin, Joseph
Needham
Forget, Bernard G.
Levine, Matthew E.
Ostheimer, Gerald W.
Vanderpol, Maurice
Needham Heights
Shahidi, Masoud
New Bedford
Kadish, Sidney P.
Lewis, Emory O.
Stevens, Rose Marie
Tripp, Curtis C.
Velho, Lawrence F.
Newburyport
Bullard, Carleton W.
Newton
Amend, William C.
Cope, Stuart
Esmiol, Pattison
Kayce, Melvin M.
Marks, Alan N.
May, George A., Jr.
McDonnell, Nancy J.
Park, Kyung M.
Speare, George S.
Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Chasen, Mignon C.
Gill, Benjamin F.
Kennard, Harrison E.
Rutherford, Rondall W.
Smith, Judson A.
Newton Highlands
Brailey, Allen G.
Soloway, Albert H.
Newton Lower Falls
Garcelon, Gerald G.
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.
Newtonville
Leber, Martin E.
Norfolk
Yatsuhashi, Masao
Northampton
Averill, James H.
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
North Reading
Scanlon, John W.
Norwell
Kearsley, Richard B.
Mayo, Richard A.
Meyer, Jack E.
Oak Bluffs
Claydon, Charles T.
Peabody
Lurie, Arthur S.
Pittsfield
Tracy, Robert J.
Plymouth
Hamilton, Harold H.
Rushforth, David J.
Quincy
Ciano, Joseph F.
Gallagher, William F., Jr.
Kulka, Johannes P.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David
Randolph
Donahoe, Patricia
Moore, Robert F.
Rockport
Heath, Clark W.
Roslindale
Linenthal, Arthur J.

Salem
Brennan, Charles G.
Conway, Richard E.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Sweetland, Ralph C.
Taggart, F. Howard, Jr.
Thompson, Richard H.
Scituate
Joseph, John B.
Somerville
Kilgore, Thomas B.
Pollard, John T., Jr.
South Duxbury
Shirley, J. Newton
Whiskin, Frederick E.
South Orleans
Dickson, William A.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Springfield
Derrick, Charles C.
Franseen, Elmer F.
Huston, Lewis L.
Iskandar, Adly H.
Keating, Philip J.
Williams, David W.
Zacarian, Setrag A.
Stoneham
Mueller, H. Peter
Stoughton
Sullivan, William H.
Sudbury
Adelson, William J.
Johnson, F. George
Robinson, Michael J.
Swampscott
Cornetta, William J. III
Mayo, Frederick B.
Miller, Carroll C.
Teaticket
Taylor, John B.
Tewksbury
Vaughan, Milton C.
Vineyard Haven
Butler, Allan M.
Waban
Cares, Herbert L.
Colman, Robert W.
Gallagher, Francis P.
Green, Sidney
Moncure, Ashby C.
Olin, Harry S.
Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Rosenthal, Murray K.
Waltham
Agranat, Barry J.
Barber, Doris E.
Derer, Paul
Dulaney, John T.
Edelstein, Leon M.
Golub, Arnold M.
Haessler, Herbert A.
Hardy, Irad B.
Holmes, Joseph A.
Jungalwala, Firoze B.
Kanfer, Julian N.
Kemper, Thomas L.
Kety, Josephine G.
Lewis, Joseph L.
Martin, Jerry A.
McCluer, Robert H.
Milunsky, Aubrey
Nigam, Mool P.
Papas, Arthur N.
Raghaven, Srinivasas
Raynes, Norma V.
Shulman, Leonard B.
Sidman, Murray
Spence, Richard J.
Tatsumi, Kiyoshi
Williams, Roger S.
Yakovlev, Paul I.
Yavin, Ephraim
Wareham
Lincoln, James R.
Watertown
Finseth, Frederick J.
Murray, Gordon F.
Wellesley
Catlin, Randolph, Jr.
Cavanaugh, James J.A.
Fischer, Beverly Ruth
Flanagan, Norris B.
O'Sullivan, Renee B.
Wellesley Hills
Adams, Herbert D.
Bell, George O.
Cohen, John M.
Parker, Jack S.
Pfeffer, William, Jr.
Prather, George C.
Reidy, John A.
Siner, Myron
Stempien, J. Henry
Zeller, John W.
Wenham
Rogers, Daniel M.
West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.
West Newton
Berezin, Martin A.
Jenney, Peter B.
Weston
Choras, Peter T.
Clark, John G., Jr.
Duffy, Frank H.
Gauld, A. Gordon
Moreton, John R.
Rolde, Alexandra
Wilkins, George F.
West Roxbury
Dickson, Dickie B.
Littman, David
McGovern, Joseph J.M., Jr.
Moore, Michael J.
Sarahara, Arthur A.
Stewart, Thomas D.
Williamstown
Reynolds, George S.
Winchester
Allen, David W.
Annino, Donald J.
Felter, Jeffrie B.
Gross, Brian H.
Julian, Brigitte M.
Kaufmann, Gustav G.
Kenzora, John E.
Kermond, William L.
Love, Harry M.P.
Marks, George A.
Poss, Robert I.
Wollaston
Malouf, Jamil
Woods Hole
Egloff, Frank R.L.
Worcester
Benedict, Karl T., Jr.
Burrow, Jarrell G.
Carmody, John T.B.
Damiani, C. Robert
Duggan, John A.
Geiger, Ronald H.
Gibson, James M.
Harper, Robert S.
Hermann, John B.
James, Lewis P., Jr.
Janower, Murray L.

Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Starobin, Oscar E.
Stone, Bernard B.
Weiner, Milton A.
Wheeler, Bancroft C.
Yankauer, Alfred
Zmyslowski, Walter P.

Yarmouth Port
Anderson, Elroy E.

MICHIGAN

Ann Arbor
Behrendt, Douglas M.
Bishop, Ronald C.
Mills, Lawrence J.
Quarton, Gardner C.
Smilie, John W.
Sweet, Robert B.
Waldron, Alexander M.

Birmingham
Arnstein, A. Robert
Esslinger, John O.
Leach, Charles A., Jr.
Russell, Henry N., Jr.

Detroit
Blodgett, William H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Youn, Chang H.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo

Grosse Pointe
Krickstein, Herbert I.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Livonia
Abrahams, Saliem M.
Larson, Ronald R.

MINNESOTA

Golden Valley
Hakala, Thomas R.

Minneapolis
DeCesare, Ronald E.
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
McKhann, Charles F.
Okagaki, Takashi
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang

Rochester
Brubaker, Richard F.
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Ramirez-Lassepas, Manuel
Randall, Raymond V.
Weinshilboum, Richard M.

MISSISSIPPI

Holly Springs
Young, Thomas K.

Jackson
Glass, D. David
Guyton, Arthur C.
Tonnesen, Alan S.
Weems, William L.

MISSOURI

Chesterfield
Stephens, William A.

Clayton
Volpe, Joseph J.

Kansas City
Dann, David S.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

Kirkwood
Gaston, Lamont W.

St. Charles
Colvin, Robert B.

St. Joseph
McDaniel, John R.
Riddell, Richard V.

St. Louis
Alpers, David H.
Baue, Arthur E.
Chaplin, Hugh, Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Feingin, Ralph D.
Funsch, Robert E.
Gaunt, Frank P.
Gelb, Lawrence D.
Hanaway, Joseph
Hanser, Theodore H.
Hershey, Falls B.
Lytton, William B.
Majerus, Philip W.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Owens, William D.
Prensky, Arthur L.
Purves, Dale
Robins, Eli
Shuter, Eli R.
Strauss, Arthur E.
Vagelos, Pindaros R.

Trenton
Fuson, W. Arthur

NEBRASKA

Omaha
Luikart, Ralph H.

NEVADA

Reno
Cantlon, Edwin L.

NEW HAMPSHIRE

Colebrook
Kneisel, John J.

Concord
Mintz, E. Ross

Dover
Wilson, Robert F.

Dublin
Meath, James A.

Durham
Watson, Richard H.

Exeter
Curtin, Richard R.
Heyl, James T.
Mixter, Charles G., III

Francestown
Hitchcock, James

Hanover
Anthonisen, Margaret R.
Anthonisen, Niels L.
Friedman, Matthew Joel
Gundersen, Sven M.
Harris, Edward D., Jr.

Heyl, Henry L.
Hunter, Ralph W.
Lipowski, Zbigniew J.
McKenna, John B.
Staples, O. Sherwin, Jr.

Jaffrey
McKittrick, Leland S.

Jaffrey Center
Millard, D. Glynn

Keene
Ash, Homer L.
Gregory, Harold E.

Laconia
Baker, William J.

Lancaster
Strayer, Luther M., Jr.

Manchester
Colokathis, Paul P.
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.

New London
Beaman, George B.

Newbury
Fish, James E.

North Conway
Pippitt, Richard B.

North Hampton
Piper, Edmund L.

Orford
Hall, Marshall G.

Peterborough
Watkins, Arthur L.

Plymouth
Townsend, James H.

Portsmouth
Novelline, Robert A.

Seabrook Beach
D'urso, John J.

Sunapee
Dickson, Carol C.

Temple
Rock, John

NEW JERSEY

Cranbury
Thompson, Walter A.

Eatontown
Smith, Richard

Englewood Cliffs
Roberts, Charles D.

Glen Ridge
D'Alessandro, Genesio L.

Highstown
Munro, Jeanette

Madison
Diehl, Sylvia D.

Montclair
Greene, Robert G.

Moorestown
Trivus, Robert H.

Neptune
Lopano, Angelo J.

Newark
Schaaf, Royal S.

New Brunswick
Kuhn, William G., Jr.

Paterson
Van Eerde, Albert

Princeton
Dalrymple, Willard
Rothberg, Harvey D., Jr.
Wilson, Emmett, Jr.

Princeton Junction
Pierson, Joseph D., Jr.

Short Hills
Willetts, Arthur T.

Shrewsbury
Judd, Alvan B.

Springfield
Wosnitzer, Morey

Trenton
Rosenthal, Albert L.

Washington
Horwitz, William H.

NEW MEXICO

Albuquerque
Adler, Scott
Gold, Gerald N.
Kinney, Robert J.
Means, Paul H.
Parnell, Edward
Williams, Ralph C., Jr.

Los Alamos
Grier, Robert S.

NEW YORK

APO
Campbell, Carlos C.
Dehner, Gerard A.
Mondale, Jason E.
Pyenson, Leslie R.

Albany
Holt, William L., Jr.
Lozada, Rommel G.
Thomas, Wilbur A.

Baldwin
Brownstein, Carlton S.

Bath
Traver, Ralph F.

Bronx
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Trieger, Norman
Ulick, Stanley C.

Brooklyn
Anderson, H. Clarke
Friedman, Clarence F.
Maderson, Paul F.A.
Squire, Lucy F.
Zarins, Bertram

Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C.B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.

Cambridge
Amick, Arthur F.

Cooperstown
Hatfield, Philip M.
McIver, Monroe A.
Sahler, Otto DeP.

Delmar
Berg, Howard

Elizabeth
Gorman, Rosemary V.

Glens Falls
Batt, Richard C.

Hollis
Stearns, Thornton

Kenmore
Schenk, Worthington G., Jr.

Kingston
Gorman, Mary L. Gannon

Lake Placid
Joplin, Robert J.

Larchmont
Haralambie, James Q.

Little Neck, Long Island
Wenig, Martin

Manchester
Bienvenu, Lester J.

Manhasset, Long Island
Ayers, William B.
Coffey, Edward L., Jr.
Nicosia, Arnold P.

Margaretville
Mackie, Robert W.

Mechanicville
Ryan, James P.

New Hartford
Millet, J. Bradford
New York City
Baddock, Sheldon S.
Bowden, Lemuel
Buchanan, Thomas M.
Butler, Henry E.
Carroll, Robert E.
Cohn, Zanvil A.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Franklin, John E., Jr.
Goldblatt, Myron E.
Gordon, Barbara
Grant, Lester H.
Hajek, Joseph V.
Heffron, Roderick
Herndon, James H.
Hofer, Myron A. II
Kaufman, M. Ralph
Kiely, Brian
Klenk, Eugene L.
Lake, Michael
Lambert, John T.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Malkin, Richard B.
Metcalf, Kenneth M.
Moore, Burness E.
Noone, P. Francis
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart deC.
Plank, Charles R.
Pollock, Edward J.
Rogers, Kent E.
Rovit, Richard L.
Schultz, James S.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Steinman, Ralph M.
Stenger, Richard J.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Philip D., Jr.
Yanagisawa, Kazuo
Yount, William J.
Pelham
McHugh, Paul R.
Pittsford
Stetson, John B.
Poughkeepsie
Bedell, Wallace C.
Keeley, James K.
Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Chamberlin, Robert W., Jr.
Gillies, Alastair J.
Griner, Paul F.
Haynes, Ormond L.
Jones, Robert H.
Morton, John J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.
Roslyn Estates
Bonomo, Gregory R.
Scarsdale
Hammond, William
Lipman, Marvin M.
Newman, Herbert A.
Seed, John C.
Schenectady
Judd, James M.
Rogers, William A.
Staten Island
Pugliese, Michael M.
Syracuse
Bornstein, Donald L.
Collins, George H.
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.
Troy
Talin, John J.
Upton
Cotzias, George C.
Dahl, Lewis K.
Utica
Case, Clarke T.
Knapp, Robert G., Jr.
Watertown
George, H. Louis, Jr.
Woodbury
Charash, Leon J.

NORTH CAROLINA
Asheville
Morrison, Roger W.
Neville, Charles W., Jr.
Cary
Godleski, John J.
Chapel Hill
Barnett, Thomas B.
Becker, Lewis C.
Chamberlin, Harrie R.
Craige, Ernest
Gottschalk, Carl W.
Haslam, Kenneth R.
Lansing, Cornelius
Lassiter, William E.
Lawrence, Robert S.
Miller, Milton L.
Monroe, John T., Jr.
Noble, John J., Jr.
Parker, John C.
Preston, Edwin T.
Rolett, Ellis L.
Sparling, P. Frederick
Taylor, Isaac M.
Charlotte
Brenizer, Addison G., Jr.
Eliott, Joseph A., Jr.
Columbus
Placak, Joseph C., Jr.
Concord
Collins, David L., Jr.
Durham
Appel, Stanley H.
Griffith, John F.
Katz, Samuel L.
Kelley, William N.
Lang, David J.
Lee, Ching-Muh
Lefkowitz, Robert J.
Mullin, Edward M.
Pearse, Richard L.
Peete, William P.J.
Reeves, Robert J.
Sherwood, Geoffrey K.
Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.
Hayesville
Talmadge, Sam M.
Jacksonville
Pease, Francis B.
Morganton
Vernon, James T.
Raleigh
Gada, Preston H.
Manly, Isaac V.
Myers, Richard S.

Rhodes, John S.
Wooten, E. Jane H.
Worth, Thomas C.
Young, David A.

Southern Pines
Arrowood, Julia G.
McMillan, Robert M.

Wilmington
Graham, Charles P.

Winston-Salem
Bostic, William C. III
Conrad, Elizabeth

OHIO

Akron
Voke, Edward L.

Bellefontaine
Traul, Richard S.

Canton
Morgan, Winfield S.
Scott, Murray W., Jr.

Cincinnati
Acheson, George H.
Block, Gordon L.
Frieberg, Joseph A.
Gall, Edward A.
Glueck, Charles J.
Kleinman, Leonard I.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Tew, John McL.
Wibbelsman, Charles J.

Cleveland
Badal, Daniel W.
Banker, Betty Q.
Brodkey, Jerald S.
Burton, Richard I.
Evans, Richard R.
Ford, Amasa B.
Groves, Laurence K.
Jefferies, William McK.
Kendrick, James I.
Lederman, Richard J.
Pearson, Olaf H.
Pohl, Marc A.
Rhinelander, Frederic W.
Ryan, Kenneth J.
Saunders, Andrew P.
Weir, David R.

Cleveland Heights
Glover, Donald M.

Columbus
Ellis, Effie O.
George, Jack M.
Haynes, Ruth C.
Haynes, Walter M.
Heggie, John F.
Tetirick, Jack E.

Dayton
Hockwalk, W. Richard
Kornfield, Michael A.

Kent
Mark, Eugene J.

Moreland Hills
Baumgartner, Donavin A., Jr.

North Canton
Shipley, Margaret S.

Oberlin
Warner, John H., Jr.

Toledo
Ludwig, George D.

Wooster
Jackson, Lee

Wright-Patterson AFB
McNutt, Neil S.
Wulfson, Howard D.

Yellow Springs
Bouton, Brian

Youngstown
Coombs, Frederick S.

OKLAHOMA

Ardmore
Schuler, James D.

Edmund
Carter, George B.

Muskogee
Fite, E. Halsell

Oklahoma City
Bell, James P.
Carey, John M.
Eliel, Leonard P.
Halverstadt, Donald B.
McClellan, Betty J.
Stout, Hugh A.

Tinker AFB
MacDougal, Bruce A.

Tulsa
Steele, Byron W., Jr.
Zisook, Sidney

OREGON

Corvallis
Steele, Robert E., Jr.

Eugene
Singer, Kenneth M.

Medford
Barss, Theodore P
Durno, Edwin R.
Rutter, Thomas

Portland
Baker, Russell L.
Boyden, Allen M.
Dittmore, Harry B., Jr.
Hall, Robert G.
Jang, Guen C.
Novy, Miles J.
Prescott, William G.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Whittemore, James P.

PENNSYLVANIA

Ardmore
Sampson, D. Allen

Bangor
Cascario, Nicholas, Jr.

Bethlehem
Leister, Claude M.

Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G., Jr.

Danville
Heath, Robert D.

East Stroudsburg
Michie, Alexander J.

Erie
Monohan, John J.

Grove City
Limkakeng, Alexander D.

Gwynedd
Stoddard, James K.

Harrisburg
Berkheimer, George A.
Gallia, Francis J.
Sun, Edward R.

Hershey
Babb, Joseph D.
Gentzler, Richard D. II
Vesell, Elliot S.

Lansdale
Goeringer, C. Frederick

Latrobe
Moran, Thomas W., Jr.

Media
Kitts, Albert W.

Merion
Richter, Howard A.

Merion Station
Murphy, Grace L.

New Wilmington
Adams, William P.

Norristown
McGuire, Michael
Paoli
Willens, John S.
Philadelphia
Bagdasarian, Andranik
Brent, Robert L.
Carter, James R., Jr.
Dohan, F. Curtis
Dunkman, W. Bruce
Fisher, Mary S.
Flaxman, B. Alan
Gabuzda, Thomas G.
Gardner, Laurence B.
Ginsberg, Myron D.
Harris, Jerry L.
Leighton, Joseph
Mancall, Elliott L.
Montgomery, Hugh
Murray, Thomas G.
Nicholson, Jesse T.
Padnes, Stephen
Perrin, George M.
Petersen, Robert Ole
Roth, James L. d'A.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Starr, Isaac
Thier, Samuel O.
Vaughan, Victor C. III
Waxman, Herbert S.
Wood, Howard P.
Zacks, Sumner I.
Zinninger, George F.
Pittsburgh
Bauer, Frank L.
Chang, Wallace H.J.
Dwyer, John H.
Ferguson, Albert B., Jr.
Field, James B.
Green, William T.
McLaughlin, William B.
Price, Stuart E., Jr.
Ricks, William B.
Tyson, Robert G.
Urquhart, John III
Rosement
Ming, Si-Chun
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Stroudsburg
Michie, Catherine R.
West Chester
Kimura, Kazuo K.
Wyalusing
Lowd, Harry M., Jr.
Synnewood
Rasmussen, Jane S.
Wyomissing
Morrissey, E. James
Morrissey, Eugene J.
York
Farkas, Robert W.

RHODE ISLAND
Bristol
Scott, H. Denman
Huamsville
Mason, William
Newport
Crowley, William F.
Providence
Cotter, Walter C.
Cutts, Frank B.
Hairabet, John K.
Hamlin, Hannibal
Hopkins, Robert W.
Land, Richard E.
Lorch, Stephen
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Simeone, Fiorindo A.
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.
Urbaniak, Henry S., Jr.
Wu, Alain S.
Rumford
Hogan, John F.
Warwick
Aaronson, Leroy D.
Madden, Edwin J.

SOUTH CAROLINA
Charleston
Paul, John R., Jr.
Summerall, Charles P. III
Talbert, Oliver R.
Columbia
Theus, Walter W.
Florence
Hyman, Vera C.

SOUTH DAKOTA
Sioux Falls
Barlow, John F.

TENNESSEE
Big Spring
Warren, Charles F.
Chattanooga
Spalding, Robert
Franklin
Youmans, John B.
Johnson City
Brindley, Clyde O.
Kingsport
Malloy, Joseph K.
Knoxville
Chernoff, Amos I.
Memphis
Nobles, Eugene R., Jr.
Shaw, John L.
Stern, Newton S.
Nashville
Brown, Charles E.
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Eisenberg, Ronald L.
Hall, Hugh D.
Lowder, Stephen C.
Newman, Elliott V.
Smith, Marion L.
Smith, Ralphael F.
Oak Ridge
Ruley, Henry B.

TEXAS
Austin
Kriesle, James E.
Winkler, John J.
Beaumont
Hinshaw, Arvil
Big Spring
Jarratt, Michael T.
Corpus Christi
Jenkins, Charles K.
Dallas
Binion, John T.
Coggeshall, Howard C.
Cutler, Bruce St. J.
Duritz, Gilbert
Goldstein, Joseph L.
Helgeson, Norman G.P.
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Minette, Lawrence J.
Moore, S. Halcuit, Jr.
Platt, Melvin R.
Rose, Patrick F.

Schneiderman, R. Neal
Sloane, Robert W., Jr.
Smitherman, Thomas C.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, Clarence G.
Wheeler, James T.
Willerson, James T.

Denison
Freeman, Don W.

Fort Worth
Bernstein, Philip
Key, Robert E.
Murray, David B.
Renshaw, Charles L.
Rutledge, Robb H.

Houston
Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Jarratt, Michael T.
Keats, Arthur S.
Kennedy, John H.
Owen, William R.
Smith, Edward T.
Turner, John D.
Wilde, Henry D., Jr.
Wolfe, Laurence E.
Wood, Edwin C.

McAllen
Evans, Sheridan S.

Odessa
Williams, J. Richard, Jr.

San Antonio
Asher, Marc A.
Bobroff, Lewis M.
Broennie, A. Michael
Foley, F. Daniel
Harrington, John T., Jr.
Seals, John R.
Thompson, Milton S., Jr.

UTAH

Ogden
Keyes, Gale H.
Perkins, Arthur

Orem
Burton, David A.

Salt Lake City
Christensen, William R.
Clark, Lincoln D.
Hebertson, Wayne M.
Johnson, Dale G.
Nelson, Russell M.
Nielsen, Talmadge W.
Stewart, David R.
Temple, Anthony R.
Young, Clark

VERMONT

Barre
Buttles, Roy V.
Molind, Samuel E.

Bennington
Baker, Dudley M.
Giddings, W. Philip

Brattleboro
Glick, John L.
Sharpe, J. Douglass

Burlington
Bell, John F.
Donaghy, Raymond M.P
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Molloy, Maureen K.
Soule, A. Bradley, Jr.
Tisdale, William A.
Young, William G.

Enosburg Falls
O'Shea, Clare Marshall

Guilford
Tompkins, J. Butler

Manchester
Peltz, William L.

Putney
Wallace, Lynn

St. Johnsbury
Morrison, Harvey R.
Neel, Hartley S.

Shelburne
Bowen, Charles R.
Lowell, William H., Jr.

West Townshend
Folsom, Hugh F.

White River Junction
Crandell, Walter B.

VIRGINIA

Alexandria
Collins, Richard

Arlington
Dunkman, W. Bruce
Lieber, Michael M.
Mallette, Lawrence E.
Ormandy, Laszlo

Charlottesville
Craver, Joe M.
O'Brien, William M.
Swineford, Oscar, Jr.
Vasquez-Amory, Ernesto
Wood, J. Edwin, Jr.

McLean
Bridge, Edward M.

Newport News
Marsland, David W.

Norfolk
O'Hara, Patrick
Schantz, Arthur S.

Portsmouth
Brons, Ronald E.

Richmond
Adams, Raymond A.
Blades, James F.
Goodale, Fairfield, Jr.
James, G. Watson III
Jones, Basil B.
Jordan, William R.
MacDonald, Ralph F.
Randall, Russell E., Jr.
Sutphin, Adney K.
Thompson, W. Taliaferro, Jr.
Tucker, James T.
Ulmer, Jack L.
Wright, R. Lewis

Roanoke
DeVerter, John S.
Glendy, Margaret M.
Glendy, R. Earle
Wood, Benjamin S.

Virginia Beach
Jeroy, Harry K.

Williamsburg
Jones, Thomas B.

WASHINGTON

Bellevue
Milam, Daniel F.

Bellingham
Watts, Arthur B.

Mercer Island
Skinner, Alfred L., Jr.

Olympia
Jones, Gordon E.

Seattle
Bell, John W.
Brown, Norman K.
Crystal, Dean K.
Edmunds, L. Henry, Jr.
Garrigues, Henry B.
Greene, Martin L.
Lawrence, G. Hugh
Lurie, Hugh J.

Mannik, Mart
Mansfield, Peter B.
McCollum, Richard G.
Odland, George F.
O'Leary, Daniel H.
Omenn, Gilbert S.
Rutherford, Robert N.
Shurtleff, David B.
Stewart, John E.
Volwiler, Wade
Wimberger, Herbert C.

Spokane
Brunjes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.

Takoma
O'Malley, John E.

Walla Walla
Brooks, Peter T.
Gilbert, Allen C.

Yakima
Mathieu, Thomas J.

WEST VIRGINIA

Beckley
Klingensmith, Walter E.

Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Kovacevich, Miroslav M.
Revercomb, Paul H.

Fairmont
Shaffer, Frederick G.

Morgantown
Shaffer, Hubert A.

WISCONSIN

Elm Grove
Schmidt, Robert A.

La Crosse
Gundersen, Adolf L.
Gundersen, A. Erik
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
Prieto, Alberto, Jr.
Rodman, Charles A. II
Shealy, C. Norman
Tompkins, Douglas G.

Marshfield
Pederson, Donald P.

Milwaukee
Barrow, David W.
Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Litwin, S. Bertrand
Schneider, Chester C.

Princeton
Mueller, Gustave C.E.

WYOMING

Cheyenne
Kind, Henry A.

Cody
Ridgway, Elizabeth W.

ALASKA

Bethel
Cannon, Woodward

ARGENTINA

Buenos Aires
Bordone, Lilia E.
Scaliter, Dora F.

AUSTRALIA

Camperdown
Atkinson, Kenneth H.

Glenelg East
Morley, Helen R.

Medindie
McCoy, William T.

Melbourne
Colquhoun, John B.

Parkville
Morris, Peter J.

Sydney
Lane-Brown, Malcolm M.
Slater, Barbara L.

BELGIUM

Brussels
Frederick, Elizabeth S.

Genese
Mols, John M.

BRAZIL

Rio de Janeiro
Albuquerque, Paulo F.
Mattoso, Luiz F. deQ.

Sao Paulo
Barretto, Oscar deF.

CANADA

Aylmer
McKay, Wilfred W.

Calgary
Walker, Robert H.

Edmonton
Colpitts, Grant E.
Huckell, John R.

Halifax
Marshall, Clyde S.

Hamilton
Fine, Stuart H.

Lancaster
Gregory, Robert A.

London
Cameron, Howard S.
Sober, Stanley

Londonderry
Mackinnon, Roderick

Montreal
Davanloo, Habibolah
Freeman, Joel B.
Greenwood, Frederick A.H.
Hogg, James C.
Johnson, Louis G.
Kahn, David S.
Robbillard, Raymond L.
Shannon, James G.
Shugar, Joseph L.
Taguchi, Kenneth

Olds
Burland, George R.

Ottawa
DesGroseilliers, Jean-Pierre

Rexdale
Greisman, John J.

St. Johns
Holt, Charles L.

Scarborough
Melvin, William J.S.

Sudbury
Field, Paul

Toronto
Cooper, Joel D.
Froese, Alison B.D.
Gardiner, William J.
Harris, W. Robert
Holmes, R. Brian
McIlroy, William J.
Ritchie, Alexander C.
Sellers, Edward M.
Simone, Andrew A.
Verny, Thomas R.

Vancouver
Bell, Michael H.
Dunn, William L.
Sutherland, George F.
Tardiff, Kenneth J.

West Hamilton
Detwiler, Robert C.

Winnipeg
Adamson, Gilbert L.
Carmona, Robert A.

CANAL ZONE
Panama
Suescum, Alfredo T.

CHILE
Santiago
Williamson-Lefort, Ladislao

COLOMBIA
Bogota
Salamanca, Juan J.
Saravia, Rafael

DENMARK
Copenhagen
Ibsen, Bjorn
Probst, Jan-Henrik
Hellerup
Anderson, Erik W.

ENGLAND
Birmingham
Trethowan, William H.
London
Barron, Kenneth G.
Leigh, A. Denis
Ogus, Hugh D.
Menston
Gore, Charles P.
Middlesex
Hadler, Nortin M.
Mill Hill
Raff, Martin C.
Sussex
Thurlbeck, William M.

FRANCE
Lyon
Michel, Albert J.D.
Paris
Kernan, Reginald D.

GERMANY
Moorcustr
Von Pohl, Joachim W.
Munich
Harder, Hans J.
Huppe, Justin R.
Pinnell, Sheldon R.

GREECE
Athens
Arzimanoglu, Anthony A.
Zaouussis, Alexander L.

GUAM
Tamuning
Anderson, Frank H.

GUATEMALA
Guatemala City
Fuchs, Pablo
Herrera, Rudolfe E.
Sosa, Dagoberto
Toriello, Julio

HAITI
Port-au-Prince
May, Harold L.

HOLLAND
Amsterdam
Donner, Reynout
Jarrett, Frederic

ICELAND
Reykjavik
Halldorsson, Thorlakur S.
Hallgrimsson, Jonas
Kristjansson, Haukur

INDIA
Bombay
Rebello, Desire J.A.
Yodh, Shyam B.
Calcutta
Hughes, James R.
Ludhiana
Wysham, Donald N.
New Delhi
Pant, Shyam S.
Singh, Madan M.
Tandon, Rajendra

INDONESIA
Jog Jakarta
Parson, William

IRAN
Resht
Samiy, Hussein E.
Shiraz
Barekat, Ali A.
Esmaili, Mohammad H.
Tehran
Saidi, Farrokh

IRELAND
Belfast
Gibson, John G.
Johnston, Hilary
Dublin
Guiney, Edward J.
Mayo
Loftus, James G.

ISRAEL
Petah Tiqva
Laron, Avi
Rehovoth
Ronat, Judith G.
Tel-Aviv
Geller, Eran
Heilbronn, Yechiel D.

ITALY
Milano-Affori
Mangoni, Alfonso
Naples
Amati, Jacqueline M.

JAPAN
Tokyo
Hoshi, Motonori
Suwa, Kunio
Yokoyama, Mitsuo M.
Yoshikawa, Hideyasu
Tottori
Okagaki, Takashi

LEBANON
Beirut
Abi-Torbey, Khalill
Germanos, Khalil
Harrison, Timothy S.
Kirkwood, Samuel B.
Lichtenwalner, Craig S.
Mnaymneh, Walid A.
Wilson, John L.

MEXICO
Aguascalientes
Ramirez-Acosta, Javier A.
Ensenada
Freeman, Norman E.
Mexico City
Belsasso, Guido
Chavez-Peon, Federico
Santacruz, Abraham M.

NETHERLANDS
Blaricum
Vanvroonhoven, Theo J.

NEW ZEALND
Dunedin
Blennerhassett, John B.
Ragsdale, Bruce C.

NIGERIA
Aba
Onwukwe, Mba Felix
Ibadan
Bohrer, Stanley P.
Lagos
Baldwin, Wayne E.

PERU
Lima
de Mola, Luis L.

PHILLIPPINES
Davao City
Calderon, Doninador C.
Manila
Canlas, Benjamin D., Jr.
Quezon City
Bautista, Florosa A.

POLAND
Warsaw
Kacki, Janusz F.

PUERTO RICO
Dorado
Gonzalez, Ernesto

REPUBLIC OF THE CONGO
Leopoldville
Cardenal, Fernano A.

REPUBLIC OF SOUTH AFRICA
Johannesburg
Saffer, S. David
Malawi
Krogstad, Donald J.

SCOTLAND
Glasgow
Mital, Mohinder A.

SWITZERLAND
Basel
Hugin, Werner
Flawil
Seiler, Rolf W.
Geneva
Mach, Bernard F.
Muller, Alex T.
Muller, Walter A.

TURKEY
Istanbul
Yenel, Faruk M.

UGANDA
Kampala
Kanverezi, Bwogi R.

VIRGIN ISLANDS
St. Thomas
Howard, Fred H.

YUGOSLAVIA
Belgrade
Petrovitch, George

WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital and its continued excellence throughout its history have been made possible in large part by gifts and bequests. In addition, several deferred giving arrangements, including the gift annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, provide giving vehicles which are attractive for both the donor and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A Direct Bequest: whereby a definite amount is specified.

A Bequest of the Residue of an Estate: whereby the MGH will receive whatever remains after payments of all other legacies. This method may well be used in combination with a direct bequest to the MGH.

A Bequest of the Remainder after Life Estate: whereby the income from a certain principal sum shall be paid to a surviving spouse or other persons for life, with the principal coming to the MGH on the death of these beneficiaries.

A Bequest of a Percentage: whereby the MGH receives a stated percentage of the whole estate, of the residue, or of the remainder after life interests. The will should state the gift to the MGH in a percentage figure, rather than in dollars.

A Contingent Bequest: whereby the MGH becomes the beneficiary only in the event that none of the persons named in the will is living when the will is executed.

If you plan to include the Massachusetts General Hospital in your will or are interested in one of the deferred giving plans, the MGH will suggest to you or your lawyer specific wording for your will, trust, or life income contract to assure that your wishes are carried out. It is suggested that you or your attorney contact Mr. Joseph C. Donnelly, Jr., Deputy to the General Director for Development (telephone: 726-2200), or the Treasurer's Office (telephone: 726-2128).